## 2007 NOT-FOR-PROFIT CORPORATION

## **FILED** Feb 26, 2007 8:00 am Secretary of State

	AIIIOA	LKEPUKI						<i>J</i>			
DOCUMENT # N37868  1. Entity Name NORTH PORT CONTRACTORS ASSOCIATION, INC.							26-2007 900 11277	)56 005 *** <sup></sup>	*61.25		
%CORD C M 13801 S TA		Mailing Address P.O. BOX 7041 NORTH PORT, FL	<del>-</del>					Alah alah Arah shah	1 <b>8 18 1</b> 8 18 18 18 18 18 18 18 18 18 18 18 18 18	(18) <b>2</b> 1 ( <b>19</b> )	
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address	Mailing Address								
Suite, Apt. #, etc. Sui		Suite, Apt. #, etc	Suite, Apt. #, etc.			02122007 CI	ng-NP	CR2E037 (1	2/06)		
City & State Cit		City & State	ity & State			4. FEI Number 65-021135	57		<del></del>	plied For Applicable	
Zip	Country Zip Co		Cou	ıntry	5. Certificate of Status Desired See Required Fee Required						
	6. Name and Address of Curren	Registered Agent		I		7. Name and Add	ress of New Re	gistered Agen	t		
MELLOR, CORD C											
13801 S TAMIAMI TRAIL NORTH PORT, FL. 34287					Street Address (P.O. Box Number is Not Acceptable)						
				City		<del></del>		FL 2	ip Code	,	
	named entity submits this statement t			L		<del></del>					
SIGNATURE	tions of registered agent.  Signature, typed or printed name of registered ager	t and title if applicable.	(NOTE: Registere	d Agent signature n	required w	hen reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2007						\$5.00 May Be Added to Fees  Make check payable to Florida Department of State					
	<del>-</del>		n Campaign F und Contributi								
10.	Due by May 1, 2007	Trust F	und Contributi			Added to Fees	Flori	da Departmer	nt of Sta	ate	
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8360 SW GRIF ST ARCADIA, FL 3 . I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

REET ADDRESS

Y-ST-ZIP

DENISE R. STOWELL 2/23/07 IGNATURE: ₽ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 941-628-1238