

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37868

FILED  
Mar 11, 2009  
Secretary of State

**Entity Name:** NORTH PORT CONTRACTORS ASSOCIATION, INC.

**Current Principal Place of Business:**

%CORD C MELLOR  
13801 S TAMiami TRAIL  
NORTH PORT, FL 34287

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7041  
NORTH PORT, FL 34287

**New Mailing Address:**

**FEI Number:** 65-0211357

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MELLOR, CORD C  
13801 S TAMiami TRAIL  
NORTH PORT, FL 34287 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: AHERN, BRIAN  
Address: 5664 GARRISON AVENUE  
City-St-Zip: NORTH PORT, FL 34291

Title: PSD ( ) Delete  
Name: AHERN, BRIAN  
Address: 5664 GARRISON AVENUE  
City-St-Zip: NORTH PORT, FL 34291

Title: VD ( ) Delete  
Name: BONSKY, NICK  
Address: 13644 S. TAMiami TR.  
City-St-Zip: NORTH PORT, FL 34287

Title: 2VD ( ) Delete  
Name: RAMSEUR, BILL  
Address: 3900 BAYNES ROAD  
City-St-Zip: NORTH PORT, FL 34288

Title: TD ( ) Delete  
Name: GERACE, JODY A  
Address: 2090 SWITZERLAND ROAD  
City-St-Zip: NORTH PORT, FL 34288

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: WERDELL, WILLIAM F  
Address: 7276 TOTEM AVENUE  
City-St-Zip: NORTH PORT, FL 34291

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM F. WERDELL

TD

03/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date