2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N95000004538

1. Entity Name

NORTH PORT INDUSTRIAL PARK ASSOCIATION, INC.



AT

Principal Place of Business

3073 S. HORSESHOE DRIVE

SUITE 118

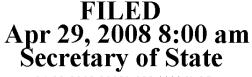
NAPLES, FL 34104 US

Mailing Address

3073 S. HORSESHOE DRIVE

SUITE 118

NAPLES, FL 34104 US



04-29-2008 90091 032 ****61.25



01042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 95-0648853 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

| 6. | Name | and Add | ress of | Current | Registered | Agent |
|----|------|---------|---------|---------|------------|-------|

ARNOLD, DONALD L 3073 S. HORSESHOE DR. STE. 118 NAPLES, FL 34104

DO NOT WRITE IN THIS SPACE

| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | | |
|---|---|--|-----|--------------------------------|------------|--|--|--|--|--|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE | | | | | | | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2008 | Election Campaign Financ Trust Fund Contribution. | ing | \$5.00 May Be Added to Fees | | | | | | |
| 10. | 0. OFFICERS AND DIRECTORS | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT ARNOLD, DONALD L 3073 S. HORSESHOE DR., SUITE 118 NAPLES, FL 34104 | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | JEPPESEN, MICHAEL W 3073 S. HORSESHOE DR., SUITE 118 | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SWANSON, DUANE SR. 3073 S. HORSESHOE DR., SUITE 118 NAPLES, FL 34104 | | | DO | NOT WRITE | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN | THIS SPACE | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | | |
| 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Floride Statutes, Lighter certify that the information | | | | | | | | | | |

12. 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 of 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08

Ozvtime Phone #