

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90395 034 ****61.25

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1. Entity Name
**NORTH PORT PARK OF COMMERCE ASSOCIATION,
INC.**



Principal Place of Business
**3073 S. HORSESHOE DR.
SUITE 118
NAPLES, FL 34104**

Mailing Address
**3073 S. HORSESHOE DR.
SUITE 118
NAPLES, FL 34104**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3631051

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ARNOLD, DONALD L
3073 S. HORSESHOE DRIVE
SUITE 118
NAPLES, FL 34104**

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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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
ARNOLD, DONALD L
3073 S HORSESHOE DR, STE 118
NAPLES, FL 34104**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
JEPPESEN, MICHAEL W
3073 S. HORSESHOE DR, SUITE 118
NAPLES, FL 34104**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WEST, MICHAEL
3073 S. HORSESHOE DRIVE #118
NAPLES, FL 34104**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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.

SIGNATURE:

Don Arnold 4/22/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #