

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005873

FILED  
Mar 17, 2009  
Secretary of State

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

**Current Principal Place of Business:**

3073 S. HORSESHOE DR.  
SUITE 118  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

3073 S. HORSESHOE DR.  
SUITE 118  
NAPLES, FL 34104

**New Mailing Address:**

**FEI Number:** 59-3631051

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARNOLD, DONALD L  
3073 S. HORSESHOE DRIVE  
SUITE 118  
NAPLES, FL 34104 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: DPT ( ) Delete  
Name: ARNOLD, DONALD L  
Address: 3073 S HORSESHOE DR, STE 118  
City-St-Zip: NAPLES, FL 34104

Title: DVS ( ) Delete  
Name: JEPPESEN, MICHAEL W  
Address: 3073 S. HORSESHOE DR, SUITE 118  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: WEST, MICHAEL  
Address: 3073 S. HORSESHOE DRIVE #118  
City-St-Zip: NAPLES, FL 34104

**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:

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: DONALD L ARNOLD

DPT

03/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date