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FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000020380 (6)

1. Corporation Name

NORTHPORT DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

4500 EXECUTIVE DRIVE
SUITE 300
NAPLES FL 34103

4500 EXECUTIVE DRIVE
SUITE 300
NAPLES FL 34103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1997

4. FEI Number

59-3439310

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 34119

25

29 34119

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALVATORI, LEO J
4501 TAMiami TRAIL, NORTH
SUITE 300
NAPLES FL 34103

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME ROBERT S. HARDY
STREET ADDRESS 4500 EXECUTIVE DRIVE SUITE 300
CITY-ST-ZIP NAPLES FL 34103

TITLE
NAME TOM BARNARD
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME JANET KELLY
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE PRESIDENT / DIRECTOR
1.2 NAME ROBERT S. HARDY
1.3 STREET ADDRESS 4500 EXECUTIVE DRIVE #300
1.4 CITY-ST-ZIP NAPLES FL 34103

2.1 TITLE VICE PRESIDENT
2.2 NAME TOM BARNARD
2.3 STREET ADDRESS 269-2 SUNRISE CAY
2.4 CITY-ST-ZIP NAPLES FL 34104

3.1 TITLE SECRETARY
3.2 NAME JANET KELLY
3.3 STREET ADDRESS 4500 EXECUTIVE DRIVE #300
3.4 CITY-ST-ZIP NAPLES FL 34103

4.1 TITLE TREASURER
4.2 NAME JANET KELLY
4.3 STREET ADDRESS 4500 EXECUTIVE DRIVE #300
4.4 CITY-ST-ZIP NAPLES FL 34103

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

ROBERT S. HARDY

3/6/98

3/6/98

CR2E034 (10/97)