

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90086 041 ***158.75

DOCUMENT # P97000020380

1. Entity Name

NORTHPORT DEVELOPMENT, INC.



Principal Place of Business

**5645 STRAND COURT
SUITE 3
NAPLES FL 34110
US**

Mailing Address

**5645 STRAND COURT
SUITE 3
NAPLES FL 34110
US**

14000610



MOORE CR2E034 (11/03)

2. Principal Place of Business

5672 STRAND COURT

Suite, Apt. #, etc.
SUITE 1

City & State
NAPLES FL

Zip Country
34110 USA

3. Mailing Address

5672 STRAND COURT

Suite, Apt. #, etc.
SUITE 1

City & State
NAPLES FL

Zip Country
34110 USA

4. FEI Number **59-3439310**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **JANET KELLY**
Street Address (P.O. Box Number is Not Acceptable)
5672 STRAND COURT
SUITE 1
City **NAPLES FL** Zip Code **34110**

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 **JANET KELLY Treasurer**

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

(NOTE: Registered Agent signature required when reinstating)

3/11/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARDY, ROBERT S	
STREET ADDRESS	5692 STRAND CT #3	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARNARD, TOM	
STREET ADDRESS	211 PINE VALLEY CIRCLE	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	S	<input type="checkbox"/> Delete
NAME	KELLY, JANET	
STREET ADDRESS	5672 STRAND CT #1	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	T	<input type="checkbox"/> Delete
NAME	KELLY, JANET	
STREET ADDRESS	5672 STRAND CT #1	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, ROBERT S.	
STREET ADDRESS	5672 STRAND COURT	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 607, 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: **JANET KELLY Treasurer** **3/11/04 (239) 597-9888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #