

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 10 PM 1:59

DOCUMENT # 764612 (8)

1. Corporation Name  
SOUTHPORT CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
165 W.S.R. 434 WINTER SPRINGS FL 32708 US		P.O. BOX 950455 LAKE MARY FL 32795 US	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date incorporated or Qualified	3a. Date of Last Report
08/18/1982	03/01/1994
4. FEI Number	Applied For
59-2787370	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

✓ CHAN, MARTY  
165 W SR 434  
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name  
ENERGY PROPERTY MANAGEMENT SERVICES, INC.

82 Street Address (P.O. Box Number is Not Acceptable)  
165 WEST S.R. 434

83

84 City  
WINTER SPRINGS FL 85 Zip Code  
32708

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 *Marty Chan* *Marty Chan* Vice President Energy Property mgmt services LLC  
By, Share, Trust or other name of registered agent and the if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	WALLIS, PHYLLIS
STREET ADDRESS	263 HILL ST.
CITY-ST-ZIP	CASSELBERRY FL
TITLE	DS
NAME	FISHER, JANET
STREET ADDRESS	191 HILL STREET
CITY-ST-ZIP	CASSELBERRY FL
TITLE	VD
NAME	SAUL, JIM
STREET ADDRESS	237 HILL ST.
CITY-ST-ZIP	CASSELBERRY FL
TITLE	TD
NAME	DAVIS, KURTIS
STREET ADDRESS	225 HILL ST.
CITY-ST-ZIP	CASSELBERRY FL
TITLE	D
NAME	HOWE, CHRIS-ANN
STREET ADDRESS	171 HILL ST.
CITY-ST-ZIP	CASSELBERRY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WALLACE, PHYLLIS
1.3 STREET ADDRESS	263 HILL ST.
1.4 CITY-ST-ZIP	CASSELBERRY FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: PHYLLIS WALLACE *Phyllis Wallace* 2/1/95 407-321-1130 x7357  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)