

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 764612 (8)
1. Corporation Name
SOUTHPORT CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified **08/18/1982** 3a. Date of Last Report **02/10/1995**
4. FEI Number **59-2787370** 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 has liability for intangible tax under s. 199.032, Florida Statutes 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 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**ENERGY PROPERTY MANAGEMENT SERVICES INC
165 WEST SR 434
WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Misty Chan VP Energy Property mgmt. Misty Chan* DATE **1/21/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, PHYLLIS	1.2 NAME	
STREET ADDRESS	263 HILL ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, JANET	2.2 NAME	
STREET ADDRESS	191 HILL STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAUL, JIM	3.2 NAME	
STREET ADDRESS	237 HILL ST.	3.3 STREET ADDRESS	253 HILL STREET
CITY-ST-ZIP	CASSELBERRY FL	3.4 CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, KURTIS	4.2 NAME	DAVIS, KURTIS
STREET ADDRESS	225 HILL ST.	4.3 STREET ADDRESS	225 HILL ST.
CITY-ST-ZIP	CASSELBERRY FL	4.4 CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWE, CHRIS-ANN	5.2 NAME	HOWE, CHRIS-ANN
STREET ADDRESS	171 HILL ST.	5.3 STREET ADDRESS	171 HILL ST.
CITY-ST-ZIP	CASSELBERRY FL	5.4 CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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* DATE **1-29-96** 407-327-5824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)