

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90006 022 ****61.25

DOCUMENT # 764612

1. Corporation Name

SOUTHPORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

165 W S.R. 434
WINTER SPRINGS FL 32708
US

Mailing Address

P.O. BOX 950455
LAKE MARY FL 32795
US

3 1 4 8 7 8
314878 - 90006 - 22



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/18/1982

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

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 EPM Services Inc.

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

83 165 West SR 434

84 City Winter Springs

FL

85 Zip Code 32708

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 Anne H. Russell, President EPM Services Inc 4/6/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME WALLACE, PHYLLIS
STREET ADDRESS 263 HILL ST.
CITY-ST-ZIP CASSELBERRY FL

DELETE

TITLE DS
NAME FISHER, JANET
STREET ADDRESS 191 HILL STREET
CITY-ST-ZIP CASSELBERRY FL

DELETE

TITLE VP
NAME CREVIER, ROSE
STREET ADDRESS 253 HILL STREET
CITY-ST-ZIP CASSELBERRY FL

DELETE

TITLE T
NAME HOWE, CHRIS-ANN
STREET ADDRESS 171 HILL ST.
CITY-ST-ZIP CASSELBERRY FL

DELETE

TITLE D
NAME HORN, PAT
STREET ADDRESS 223 HILL ST
CITY-ST-ZIP CASSELBERRY FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE D
4.2 NAME Oliver, Shirley
4.3 STREET ADDRESS 285 Hill Street
4.4 CITY-ST-ZIP Casselberry, FL 32707

Change Addition

5.1 TITLE DT
5.2 NAME Horn, Patricia
5.3 STREET ADDRESS 223 Hill Street
5.4 CITY-ST-ZIP Casselberry, FL 32707

Change Addition

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

Change Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Phyllis Wallace President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/25/99 Daytime Phone # 407 327 5824

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