

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90111 042 ****61.25

DOCUMENT # 764612

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 915322

Longwood, FL

32791

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2787370

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~EPM SERVICES, INC.~~
~~165 WEST SR 434~~
~~WINTER SPRINGS FL 32708~~

7. Name and Address of New Registered Agent

Name
National Association Management Company
 Street Address (P.O. Box Number is Not Acceptable)
1105 West SR 434
 City
Winter Springs FL Zip Code
32708

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.

SIGNATURE

Marc A. Blum, President

1/24/2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WALLACE, PHYLLIS	
STREET ADDRESS	263 HILL ST.	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FISHER, JANET	
STREET ADDRESS	191 HILL STREET	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CREVIER, ROSE	
STREET ADDRESS	253 HILL STREET	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MACKLIN, MARILYN	
STREET ADDRESS	243 HILL STREET	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POLLOCK, ADAM	
STREET ADDRESS	179 HILL STREET	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stevens, Rosemary	
STREET ADDRESS	233 Hill Street	
CITY-ST-ZIP	Casselberry, FL 32707	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Crevier, Rose	
STREET ADDRESS	223 Hill Street	
CITY-ST-ZIP	Casselberry, FL 32707	
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 617, 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

Phyllis Wallace
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02
 Date

407 3275824
 Daytime Phone #

CP2E037 (9/01)