


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

02-18-2005 90051 040 ****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 915322
 LONGWOOD, FL 32791 US

66024757



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 197043
 Suite, Apt. #, etc.

06292005 Chg-NP CR2E037 (10/03)

City & State
Winter Springs, FL

City & State
Winter Springs, FL

Zip Country
32719 US

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
NATIONAL ASSOCIATION MANAGEMENT COMPANY
 165 WEST SR 434
 WINTER SPRINGS, FL 32708

7. Name and Address of New Registered Agent
 Name **G + B Florida Management, Inc.**
 Street Address (P.O. Box Number is Not Acceptable)
165 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Tibor Guba, President** 7-14-05
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 7, 2005

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALLACE, PHYLLIS 263 HILL ST. CASSELBERRY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wallace, Phyllis 263 Hill Street Casselberry FL 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, ROSEMARY 233 HILL STREET CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Stevens, Rosemary 233 Hill Street Casselberry FL 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CREVIER, ROSE 253 HILL STREET CASSELBERRY, FL 32707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Schantz, Dianne 178 Hill Street Casselberry, FL 32707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACKLIN, MARILYN 243 HILL STREET CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT macklin, marilyn 243 Hill Street Casselberry, FL 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRUSE, SUSAN 243 HILL STREET CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Kruse, Susan 253 Hill Street Casselberry, FL 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Susan Kruse** 7/14/05 407-327-5824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #