


2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90002 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 197043  
WINTER SPRINGS, FL 32719 US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

01302006 Chg-NP CR2E037 (11/05)

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  
G + B FLORIDA MANAGEMENT, INC  
165 WEST SR 434  
WINTER SPRINGS, FL 32708

7. Name and Address of New Registered Agent  
Name Palmerston LLC  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2006

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, PHYLLIS	
STREET ADDRESS	263 HILL ST.	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	DS	<input type="checkbox"/> Delete
NAME	STEVENS, ROSEMARY	
STREET ADDRESS	233 HILL STREET	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SCHANTZ, DIANNE	
STREET ADDRESS	178 HILL STREET	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MACKLIN, MARILYN	
STREET ADDRESS	243 HILL STREET	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KRUSE, SUSAN	
STREET ADDRESS	243 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wallace, Phyllis	
STREET ADDRESS	263 Hill Street	
CITY-ST-ZIP	Casselberry, FL 32707	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stevens, Rosemary	
STREET ADDRESS	233 Hill Street	
CITY-ST-ZIP	Casselberry, FL 32707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Macklin, Marilyn	
STREET ADDRESS	243 Hill Street	
CITY-ST-ZIP	Casselberry, FL 32707	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kruse, Susan	
STREET ADDRESS	253 Hill Street	
CITY-ST-ZIP	Casselberry, FL 32707	
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 exemptions contained in Chapter 119, 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 Phyllis Wallace 2/23/06 407-262-7725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #