

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006191

FILED
Apr 14, 2005
Secretary of State

Entity Name: SUMMERPORT RESIDENTIAL PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 04-3709524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: KARR, THOMAS J
Address: 527 MAIN STREET
City-St-Zip: WINDERMERE, FL 34786

Title: VPD () Delete
Name: NEILL, EDWARD
Address: 527 MAIN STREET
City-St-Zip: WINDERMERE, FL 34786

Title: PD () Delete
Name: ALLEN, DONALD
Address: 527 MAIN STREET
City-St-Zip: WINDERMERE, FL 34786

Title: STD () Delete
Name: WEBB, JOHN L
Address: 527 MAIN STREET
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD ALLEN

PD

04/14/2005

Electronic Signature of Signing Officer or Director

Date