

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N28853

Entity Name: HOMEPORT HOMEOWNERS' ASSOCIATION, INC.

FILED
Sep 26, 2023
Secretary of State
4280968481CC

Current Principal Place of Business:

COMMUNITY MANAGEMENT ASSOCIATES INC.
7 TOWN CENTER LOOP STE C-16
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

COMMUNITY MANAGEMENT ASSOCIATES INC.
1465 NORTHSIDE DR NW STE 128
ATLANTA, GA 30318 US

FEI Number: 59-3248374

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

THIEMAN-GREENE, SHARI ESQ.
THIEMAN-GREENE & BELL
1900 HIGHWAY 87 SUITE J
NAVARRE, FL 32566 US

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: SHARI THIEMAN-GREENE

09/26/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HIGGS, JASON
Address COMMUNITY MANAGEMENT ASSOCIATES INC.
 1465 NORTHSIDE DR NW STE 128
City-State-Zip: ATLANTA GA 30318

Title VP
Name MILLER, DON
Address COMMUNITY MANAGEMENT ASSOCIATES INC.
 1465 NORTHSIDE DR NW STE 128
City-State-Zip: ATLANTA GA 30318

Title SECRETARY
Name LOTHINGER, VERONICA
Address COMMUNITY MANAGEMENT ASSOCIATES INC.
 1465 NORTHSIDE DR NW STE 128
City-State-Zip: ATLANTA GA 30318

Title TREASURER
Name ADAMS, KAREN
Address COMMUNITY MANAGEMENT ASSOCIATES INC.
 1465 NORTHSIDE DR NW STE 128
City-State-Zip: ATLANTA GA 30318

Title DIRECTOR
Name BRAUNER, CHRIS
Address COMMUNITY MANAGEMENT ASSOCIATES INC.
 1465 NORTHSIDE DR NW STE 128
City-State-Zip: ATLANTA GA 30318

Title DIRECTOR
Name HARDISON, GARY
Address COMMUNITY MANAGEMENT ASSOCIATES INC.
 1465 NORTHSIDE DR NW STE 128
City-State-Zip: ATLANTA GA 30318

Title DIRECTOR
Name HOFFMAN, ANN
Address COMMUNITY MANAGEMENT ASSOCIATES INC.
 1465 NORTHSIDE DR NW STE 128
City-State-Zip: ATLANTA GA 30318

Title DIRECTOR
Name NEWGENT, MATT
Address COMMUNITY MANAGEMENT ASSOCIATES INC.
 1465 NORTHSIDE DR NW STE 128
City-State-Zip: ATLANTA GA 30318

Continues on page 2

I hereby 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 all other like empowered.

Officer/Director Detail Continued :

Title DIRECTOR
Name PORTER, CHRIS
Address COMMUNITY MANAGEMENT ASSOCIATES INC.
 1465 NORTHSIDE DR NW STE 128
City-State-Zip: ATLANTA GA 30318