

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28853

**Entity Name:** HOMEPORT HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

8800 UNIVERSITY PARKWAY  
B-3  
PENSACOLA, FL 32514

**FILED**  
**Mar 03, 2021**  
**Secretary of State**  
**7577290075CC**

**Current Mailing Address:**

PO BOX 11945  
PENSACOLA, FL 32524 US

**FEI Number: 59-3248374**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ASSOCIATION MANAGEMENT GROUP OF W FL., INC.  
8800 UNIVERSITY PARKWAY  
B-3  
PENSACOLA, FL 32514 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: MARY BAISDEN**

**03/03/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            NEWGENT, MATT  
Address        PO BOX 11945  
City-State-Zip: PENSACOLA FL 32524

Title            VP  
Name            VATTER, TOM  
Address        PO BOX 11945  
City-State-Zip: PENSACOLA FL 32524

Title            TREASURER  
Name            JOHNSON, MARK  
Address        4400 BAYOU BLVD  
                  #58  
City-State-Zip: PENSACOLA FL 32503

Title            SECRETARY  
Name            ADAMS, KAREN  
Address        PO BOX 11945  
City-State-Zip: PENSACOLA FL 32524

Title            DIRECTOR  
Name            BRAUNER, CHRIS  
Address        PO BOX 11945  
City-State-Zip: PENSACOLA FL 32524

Title            DIRECTOR  
Name            HARRISON, RICK  
Address        PO BOX 11945  
City-State-Zip: PENSACOLA FL 32524

Title            DIRECTOR  
Name            HOFFMAN, LARRY  
Address        PO BOX 11945  
City-State-Zip: PENSACOLA FL 32524

Title            MANAGING AGENT  
Name            BAISDEN, MARY  
Address        PO BOX 11945  
City-State-Zip: PENSACOLA FL 32524

*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.*

**SIGNATURE: MARY BAISDEN**

**MANAGING AGENT**

**03/03/2021**

Electronic Signature of Signing Officer/Director Detail

Date