

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N28853

Entity Name: HOMEPORT HOMEOWNERS' ASSOCIATION, INC.

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:

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

08/17/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title AGENT
Name DEVLIN, JAMES H
Address COMMUNITY MANAGEMENT ASSOCIATES INC.
 1465 NORTHSIDE DR NW STE 128
City-State-Zip: ATLANTA GA 30318

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: JAMES H DEVLIN

AGENT

08/17/2023

Electronic Signature of Signing Officer/Director Detail

Date