

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764612

FILED  
Feb 10, 2009  
Secretary of State

**Entity Name:** SOUTHPORT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

390 WEST STATE RD. 434  
SUITE 203  
LONGWOOD, FL 327504977 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 197043  
WINTER SPRINGS, FL 327197043

**New Mailing Address:**

**FEI Number:** 59-2787370

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALMERSTON LLC  
390 WEST S.R. 434 STE.203  
LONGWOOD, FL 327504977 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: PD ( ) Delete  
Name: WALLACE, PHYLLIS  
Address: 263 HILL ST.  
City-St-Zip: CASSELBERRY, FL 32707

Title: DS ( ) Delete  
Name: STEVENS, ROSEMARY  
Address: 233 HILL STREET  
City-St-Zip: CASSELBERRY, FL 32707

Title: DV ( ) Delete  
Name: SCHANTZ, DIANNE  
Address: 178 HILL STREET  
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete  
Name: FRENCH, SARAH  
Address: 283 HILL ST  
City-St-Zip: CASSELBERRY, FL 32707

Title: DT ( ) Delete  
Name: KRUSE, SUSAN  
Address: 253 HILL STREET3  
City-St-Zip: CASSELBERRY, FL 32707

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PHYLLIS WALLACE

P

02/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date