2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#769029

FILED Apr 06, 2006 Secretary of State

Entity Name: SOUTHPORT TOWNHOMES CONDOMINIUM, INC.

Current P	rincipal Place	e of Business:	New Principal Place of Business:
<u>1</u> 315 MIAN	MI ROAD		
E FORT LAU	JDERDALE, F	L 33316	
	/ lailing Addres		New Mailing Address:
	_		-
1315 MIAN A	MI ROAD		
FT. LAUD	ERDALE, FL	33316	
FEI Number	: 59-2319976	FEI Number Applied	or () FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of (Current Registered	gent: Name and Address of New Registered Agent:
1315 MIÁN A	JENNIFER MI ROAD JDERDALE, F	L 33316 US	
The above			t for the purpose of changing its registered office or registered agent, or bot
SIGNATUI	RE:		
SIGNATUI		nic Signature of Regi	tered Agent Date
SIGNATUI Officer:			tered Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
	Electron S AND DIRECT PD (CIENA, ANTHO 1315 MIAMI RO	CTORS:) Delete DNY	
OFFICER : Title: Name: Address:	Electron S AND DIRECT PD (CIENA, ANTHO 1315 MIAMI RO FORT LAUDEF V (ASHLIN, BRAD 1315 MIAMI RO	CTORS:) Delete DNY DAD, #E RDALE, FL 33316) Delete	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	Electron S AND DIRECT PD (CIENA, ANTHO 1315 MIAMI RO FORT LAUDEF V (ASHLIN, BRAD 1315 MIAMI RO FORT LAUDEF S (HEYWORTH, L 1315 MIAMI RO	CTORS:) Delete DNY DAD, #E RDALE, FL 33316) Delete DOAD, #A RDALE, FL 33316) Delete LINDSEY	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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: JENNIFER OLIVERI TD 04/06/2006