

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01170

FILED
Jan 10, 2005
Secretary of State

Entity Name: SOUTHPORT TOWNHOMES 3 CONDOMINIUM, INC.

Current Principal Place of Business:

700 SE 14 STREET
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

700 SE 14 STREET
FT. LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 59-2442193 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENWOOD, PATRICIA
700 SE 14 STREET
FT. LAUDERDALE, FL 33316 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: KENNUM, PAUL
Address: 700 SE 14TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: DV () Delete
Name: HOOBLER, BOBBI
Address: 700 SE 14 ST
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: DT () Delete
Name: GREENWOOD, PATRICIA
Address: 700 SE 14TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: DS () Delete
Name: TESTYON, JEANANN
Address: 700 SE 14TH ST
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KEENUM, PAUL
Address: 700 SE 14TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

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 Section 119.07(3)(i), 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: PATRICIA GREENWOOD

DT

01/10/2005

Electronic Signature of Signing Officer or Director

Date