2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N04000010911

Entity Name: CENTER PORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ROBERT J NORTON
1801 B EAST SAHLMAN DR
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

ROBERT J NORTON
1801 B EAST SAHLMAN DR
TAMPA, FL 33605

New Mailing Address:

FEI Number: 20-2563484 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORTON, ROBERT J
1801 B EAST SAHLMAN DR
TAMPA, FL 33605 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: FORD, LEE
Address: 1821 EAST SAHLMAN DR
City-St-Zip: TAMPA, FL 33605

Title: VPD ( ) Delete
Name: MIKE, ROOSE
Address: 1821 EAST SAHLMAN DR
City-St-Zip: TAMPA, FL 33605

Title: TD ( ) Delete
Name: NORTON, ROBERT J II
Address: 1801 SAHLMAN DRIVE
City-St-Zip: TAMPA, FL 33605

Title: SD ( ) Delete
Name: SCHMID, THEODORA D
Address: 1801 SAHLMAN DRIVE
City-St-Zip: TAMPA, FL 33605

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:

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: ROBERT J NORTON TREA 04/01/2009

Electronic Signature of Signing Officer or Director — Date