

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 15, 2006  
Secretary of State**

DOCUMENT# N05000003657

Entity Name: SUNPORT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

27 PENNOCK LANE  
#205  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

27 PENNOCK LANE  
#205  
JUPITER, FL 33458

**New Mailing Address:**

FEI Number: 20-3382938      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

FRANCAVILLA, EUGENE F  
8472 SE BRISTOL WAY  
JUPITER, FL 33458      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: FRANCAVILLA, EUGENE F  
Address: 8472 SE BRISTOL WAY  
City-St-Zip: JUPITER, FL 33458

Title: VPD ( ) Delete  
Name: WILLIAMS, GARNETT  
Address: 8491 SE BRISTOL WAY  
City-St-Zip: JUPITER, FL 33458

Title: SCYD ( ) Delete  
Name: KELLAR, LUCY-ANN  
Address: 27 PENNOCK LANE #205  
City-St-Zip: JUPITER, FL 33458

**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:

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: EUGENE F. FRANCAVILLA

PD

05/15/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date