

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005992

FILED
Apr 08, 2009
Secretary of State

Entity Name: SOUTHPORT BAY MASTER HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

231 RUBY AVE
SUITE A
KISSIMMEE, FL 34741

New Principal Place of Business:

231 RUBY AVE
SUITE A
KISSIMMEE, FL 34741 US

Current Mailing Address:

PO BOX 452847
KISSIMMEE, FL 34745 US

New Mailing Address:

231 RUBY AVE
SUITE A
KISSIMMEE, FL 34741 US

FEI Number: 20-3135257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSOCIATION SOLUTIONS OF CENTRAL FL, INC.
231 RUBY AVE
SUITE A
KISSIMMEE, FL 34741 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: LESTER, JUSTUS F
Address: 4610 HURON BAY CIRCLE
City-St-Zip: KISSIMMEE, FL 34759

Title: VP () Delete
Name: MANNI, MIA
Address: 4662 HURON BAY CIRCLE
City-St-Zip: KISSIMMEE, FL 34759

Title: T () Delete
Name: LESTRADE, SHERILLA
Address: 4725 HURON BAY CIRCLE
City-St-Zip: KISSIMMEE, FL 34759 US

Title: S () Delete
Name: TAVERAS, MARY
Address: 4660 HURON BAY CIRCLE
City-St-Zip: KISSIMMEE, FL 34759 US

Title: D () Delete
Name: MORO, CARLOS
Address: 4609 HURON BAY CIRCLE
City-St-Zip: KISSIMMEE, FL 34759 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LESTER, JUSTUS F
Address: 4610 HURON BAY CIRCLE
City-St-Zip: KISSIMMEE, FL 34759 US

Title: VP (X) Change () Addition
Name: MANNI, MIA
Address: 4662 HURON BAY CIRCLE
City-St-Zip: KISSIMMEE, FL 34759 US

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: MARK HILLS

MR

04/08/2009

Electronic Signature of Signing Officer or Director

Date