

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005992

**FILED**  
**Mar 09, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

241 RUBY AVENUE  
KISSIMMEE, FL 34741 US

**New Principal Place of Business:**

811 MABBETTE STREET  
KISSIMMEE, FL 34741 US

**Current Mailing Address:**

241 RUBY AVENUE  
KISSIMMEE, FL 34741 US

**New Mailing Address:**

811 MABBETTE STREET  
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.  
241 RUBY AVENUE  
KISSIMMEE, FL 34741 US

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

ASSOCIATION SOLUTIONS OF CENTRAL FL, INC.  
811 MABBETTE STREET  
KISSIMMEE, FL 34741 US

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: MARK HILLS

03/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DVP  
Name: HEINLEIN, HENRY  
Address: 3081 BEN BAY DRIVE  
City-St-Zip: KISSIMMEE, FL 34759 US

Title: DST  
Name: MANNI, MIA  
Address: 4662 HURON BAY CIRCLE  
City-St-Zip: KISSIMMEE, FL 34759 US

Title: DP  
Name: LESTER, JUSTUS  
Address: 4610 HURON BAY CIRCLE  
City-St-Zip: KISSIMMEE, FL 34759 US

I hereby 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 all other like empowered.

SIGNATURE: MARK HILLS

RA

03/09/2012

Electronic Signature of Signing Officer or Director

Date