

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

07 DEC -2 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-07-07 12:07:07 12907668
12-07-07 12:07:07 053--006 **61.25



DOCUMENT # N05000009609			
1. Entity Name PORTSMITH CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573		Mailing Address 2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573	
2. Principal Place of Business - No P.O. Box # 1701 RICKENBACKER DR.		3. Mailing Address 1701 RICKENBACKER DR.	
Suite, Apt. #, etc. SUITE B		Suite, Apt. #, etc. SUITE B	
City & State SUN CITY CENTER FL		City & State SUN CITY CENTER FL	
Zip 33573	Country USA	Zip 33573	Country USA
6. Name and Address of Current Registered Agent HASTINGS, VIVIEN N 24301 WALDEN CENTER DR STE 300 BONITA SPRINGS, FL 34134		7. Name and Address of New Registered Agent Name: JAMES DEFURIO, ESQ. Street Address (P.O. Box Number is Not Acceptable) 201 E. KENNEDY BLVD. STE. 775 City: TAMPA FL Zip Code: 33602	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE:		James R. DeFurio Esq 11-28-07 (NOTE: Registered Agent signature required when reinstating)	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUPER, JOHN 2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP Hinkley, Kenneth 2086 Sifield Greens Wy. Sun City Center, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KEITH, SYLVIA 2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Barbara Lindstrom 1210 Belferborough Cir. Sun City Center, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLS, ROBERT L 1917 SIFIELD WAY SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Nanci Goodstein 2049 Sifield Greens Wy Sun City Center, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID George Eddy 2034 Sifield Greens Wy Sun City Center, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D L Keenan 1919 Sifield Greens Wy Sun City Center, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wicktor, Sylvia 2018 Sifield Greens Wy. Sun City Center, FL 33573 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Edwards 1929 Sifield Greens Wy Sun City Center, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		Date: 10/31/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	