


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90079 033 ****61.25

DOCUMENT # N05000009609	
1. Entity Name PORTSMITH CONDOMINIUM ASSOCIATION, INC.	

90000410



Principal Place of Business 1701 RICKENBACKER DR. SUITE B SUN CITY CENTER, FL 33573	Mailing Address 1701 RICKENBACKER DR. SUITE B SUN CITY CENTER, FL 33573
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suit: Sterling Management 1904 Clubhouse Drive	f, etc.
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01182008 Chg-NP CR2E037 (12/06)

City: Sun City Center, FL 33573	Country
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4. FEI Number 20-3653364	Applied For Not Applicable
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Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
JAMES DE FURIO, ESQ. 201 E. KENNEDY BLVD. STE. # 775 TAMPA, FL 33602

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HINKLEY, KENNETH 2086 SIFIELD GREENS WY. SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LINDSTROM, BARBARA 1210 PEFERBOROUGH CIR. SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GOODSTEIN, Nanci 2049 SIFIELD GREENS WY. SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD EDDY, GEORGE 2034 SIFIELD GREENS WY. SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEENAN, TAL 1919 SIFIELD GREENS WY. SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EDWARDS, JAMES 1929 SIFIELD GREENS WY. SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WICKTOR, SYLVIA 2018 SIFIELD GREEN DR. SUN CITY CITY, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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: <i>Kenneth C. Hinkley President</i>	Date: 4-22-08	Daytime Phone #
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