

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90851 046 ****61.25

DOCUMENT # N11699

1. Entity Name
**SUNPORT TECHNOLOGICAL CENTER, LTD. OWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**2966 COMMERCE PARK DRIVE
SUITE 450
ORLANDO, FL 32819 US**

Mailing Address
**2966 COMMERCE PARK DRIVE
SUITE 450
ORLANDO, FL 32819 US**

40093729



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3365017

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLEMAN, JOHN F
2966 COMMERCE PARK DRIVE
SUITE 450
ORLANDO, FL 32819**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee Is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COLEMAN, JOHN F
STREET ADDRESS 2966 COMMERCE PARK DRIVE STE 450
CITY-ST-ZIP ORLANDO, FL 32819

TITLE D
NAME RUFRANO, ANTHONY A
STREET ADDRESS 2966 COMMERCE PARK DRIVE STE 450
CITY-ST-ZIP ORLANDO, FL 32819

TITLE DST
NAME NORRINGTON, SHIRLEY F
STREET ADDRESS 2966 COMMERCE PARK DRIVE STE 450
CITY-ST-ZIP ORLANDO, FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #