

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90466 009 ****61.25

DOCUMENT # N40637

1. Entity Name
PORT COURT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
% JOHN A. DOUGHERTY, CPA & Associates LLC, 5465 COMMERCIAL WAY 12122 Cortez Blvd SPRING HILL, FL 34606 US Brooksville 34613	% JOHN A. DOUGHERTY, CPA & Associates LLC, 5465 COMMERCIAL WAY 12122 Cortez Blvd SPRING HILL, FL 34606 US Brooksville 34613



04212004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3114154	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOUGHERTY, JOHN A. Dougherty & Associates LLC
5363-B COMMERCIAL WAY 12122 Cortez Blvd.
SPRING HILL, FL 34606 Brooksville FL 34613

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	ALEXANDER, MARK D.
STREET ADDRESS	5327 COMMERCIAL WAY A103
CITY-ST-ZIP	SPRING HILL, FL

TITLE	DST
NAME	ALEXANDER, CHARLENE
STREET ADDRESS	5327 COMMERCIAL WAY A103
CITY-ST-ZIP	SPRING HILL, FL

TITLE	DP
NAME	BOGG, RODNEY
STREET ADDRESS	1195 PORT CT
CITY-ST-ZIP	SPRING HILL, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark D Alexander

4/29/04 352-596-8078

Date

Daytime Phone #