

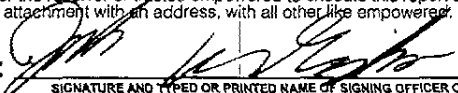


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N40637</b>		
1. Entity Name PORT COURT CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business CPA & ASSOCIATES LLC 12122 CORTEZ BLVD BROOKSVILLE, FL 34613 US	Mailing Address CPA & ASSOCIATES LLC 12122 CORTEZ BLVD BROOKSVILLE, FL 34613 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
		04252006 No Chg-NP CR2E037 (11/05)
		4. FEI Number 59-3114154
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  DOUGHERTY & ASSOCIATES LLC 12122 CORTEZ BLVD BROOKSVILLE, FL 34613		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  U00000551001 05/13/06-80085-002 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DOUGHERTY, JOHN A 12122 CORTEZ BLVD BROOKSVILLE, FL 34613	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 empowerer.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-26-06 352-596-8444 Date Daytime Phone #