


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90070 009 \*\*\*\*61.25

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # N40765</b><br>1. Entity Name<br>PORTER COURT CONDOMINIUM ASSOCIATION, INC.  |  |   |   |   |  |
| Principal Place of Business<br>201 FRONT STREET<br>STE 103<br>KEY WEST, FL 33040 US   |  |   | Mailing Address<br>201 FRONT STREET<br>STE 103<br>KEY WEST, FL 33040 US |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.                               |  |  |
| City & State  |  |   | City & State  |  |  |
| Zip   |  | Country   |   | 4. FEI Number<br>65-0227327  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |   | \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br>CHRISTIAN, STERLING J<br>201 FRONT STREET<br>STE 103<br>KEY WEST, FL 33040   |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City  |  |
| 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: <i>[Signature]</i> <span style="float: right;">2/3/05</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |
| Filing Fee is \$61.25<br>Due by May 1, 2005   |  | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>MOTT, ALAN<br>100 LITTLE NELK RD<br>CENTERPORT, NY 11721   | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>SGRO, DAVID<br>7634 LEXINGTON CT<br>WESTLAKE, OH 441456408 | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | STD<br>JOHNSTON, JYNNE<br>419 PONTER LANE<br>KEY WEST, FL 33040  | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                  |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                  |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                  |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                  |   |   |  |  |
| 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: <i>[Signature]</i> <span style="float: right;">Feb 3, 2005</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |   |  |  |

50014996



02012005 Chg-NP CR2E037 (10/03)

Applied For  
Not Applicable

FL Zip Code

DATE

Date Daytime Phone #