2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# N42880

Entity Name: PORTER PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

882 JACKSON AVENUE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVENUE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-3081458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JORDAN, BRETT M
882 JACKSON AVENUE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: REDMERSKI, SCOTT
Address: 2521 STONEVIEW RD.
City-St-Zip: ORLANDO, FL 32806

Title: PD ( ) Delete
Name: KRAJEWSKI, DARCY
Address: 2537 ST HEATHER WAY
City-St-Zip: ORLANDO, FL 32806

Title: STD ( ) Delete
Name: SOUTHALL, JANET
Address: 2533 STONEVIEW ROAD
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: PRATHER, SUZI
Address: 2524 MADRON CT
City-St-Zip: ORLANDO, FL 32806

Title: VD ( ) Delete
Name: MURPHY, TOM
Address: 2461 STONEVIEW RD
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: REDMERSKI, SCOTT
Address: 2521 STONEVIEW RD.
City-St-Zip: ORLANDO, FL 32806

Title: D (X) Change ( ) Addition
Name: SWANSON, MARK
Address: 2518 MADRON COURT
City-St-Zip: ORLANDO, FL 32806

Title: D (X) Change ( ) Addition
Name: SALISBURY, KARL
Address: 2538 ST. HEATHERS WAY
City-St-Zip: ORLANDO, FL 32806

Title: D (X) Change ( ) Addition
Name: SCHOPPERT, DAVID
Address: 2513 ST. HEATHERS WAY
City-St-Zip: ORLANDO, FL 32806

Title: PD (X) Change ( ) Addition
Name: MURPHY, TOM
Address: 2461 STONEVIEW RD
City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM MURPHY PD 04/25/2008
Electronic Signature of Signing Officer or Director — Date