

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 18, 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:** VD () Delete
Name: REDMERSKI, SCOTT
Address: 2521 STONEVIEW RD.
City-St-Zip: ORLANDO, FL 32806**Title:** D () Delete
Name: SWANSON, MARK
Address: 2518 MADRON COURT
City-St-Zip: ORLANDO, FL 32806**Title:** D () Delete
Name: SALISBURY, KARL
Address: 2538 ST. HEATHERS WAY
City-St-Zip: ORLANDO, FL 32806**Title:** D () Delete
Name: SCHOPPERT, DAVID
Address: 2513 ST. HEATHERS WAY
City-St-Zip: ORLANDO, FL 32806**Title:** PD () Delete
Name: MURPHY, TOM
Address: 2461 STONEVIEW RD
City-St-Zip: ORLANDO, FL 32806**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** VP/D (X) Change () Addition
Name: REDMERSKI, SCOTT
Address: 2521 STONEVIEW RD.
City-St-Zip: ORLANDO, FL 32806**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** T/D (X) Change () Addition
Name: SALISBURY, KARL
Address: 2538 ST. HEATHERS WAY
City-St-Zip: ORLANDO, FL 32806**Title:** S/D (X) Change () Addition
Name: SCHOPPERT, BLYSS
Address: 2513 ST. HEATHERS WAY
City-St-Zip: ORLANDO, FL 32806**Title:** P/D (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

P/D

08/18/2008

Electronic Signature of Signing Officer or Director

Date