

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

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N49338

1. Entity Name
PORTER POINT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**10714 PORTER TRAIL
CLERMONT, FL 34711 US**

Mailing Address
**10714 PORTER TRAIL
CLERMONT, FL 34711 US**



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3190405

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HULL, HARRY
10714 PORTER TRAIL
CLERMONT, FL 34711**

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HULL, HARRY
10714 PROTER TR
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HULL, JANICE
10714 PORTER TR
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TS
STAVELY, JIMMY
10735 PORTER TRAIL
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000382026
01/11/06-80080-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE:

Harry B Hull
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-06

Date

352 243 8880

Daytime Phone #