FILED

Jul 11, 2003 8:00 am

Secrétary of State

07-11-2003 90055 025 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9200000200

1. Entity Name

THE COVERED PORCH CONDOMINIUM ASSOCIATION, INC.

			100 W2 IV5				
752 NORTH WESTMORELAND DRIVE 752 ORLANDO FL 32804 ORL		Mailing Address 752 NORTH WESTMORELA ORLANDO FL 32804	AND DRIVE				
US		US					
2. Principal F	Place of Business	3. Mailing Address					ING 166 1
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4, FEI Number N	OT APPLICABLE		oplied For
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered	 _	
			Name				
HARPER, RUSS 752 N WESTMORELAND DRIVE			Street Address	Street Address (P.O. Box Number is N			
	O FL 32804						<u></u>
•			City		FL	Zip Cod	le
8. The above	named entity submits this statement for	r the purpose of changing its	registered office or regist	ered agent, or both, in	the State of Florida. I am	familiar with,	and accept
the obligat	tions of registered agent.						
SIGNATURE							
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature requir	red when reinstating)	DATE		
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25		9. Election Car	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State		
Arter Sept	tember 10, 2003, min will be \$2	36.25 Trust Fund C	Contribution.			tment of s	
Aπer Sept	tember 10, 2003, min will be \$2		Contribution.	Added to Fees			State
	OFFICERS AND DIE			Added to Fees	Florida Depar		State
10. TITLE NAME	OFFICERS AND DIE PD DREVERS, BROOKE N	RECTORS	11. TITLE NAME	Added to Fees	Florida Depar	RECTORS IN	State
10.	OFFICERS AND DIE PD DREVERS, BROOKE N 756 N WESTMORELAND DR	RECTORS	11. TITLE NAME STREET ADDRESS	Added to Fees	Florida Depar	RECTORS IN	State
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIE PD DREVERS, BROOKE N	RECTORS Delete	11. TITLE NAME	Added to Fees	Florida Depar	RECTORS IN	State
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE PD DREVERS, BROOKE N 756 N WESTMORELAND DR ORLANDO FL 32804 SD SEYBOLD, ZACHARY J	RECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	Florida Depar	RECTORS IN	State I 10 Addition
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SCHIGATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/03

407-421-8309

Daytime Phone #