

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006293

FILED  
Mar 21, 2009  
Secretary of State

**Entity Name:** SOUTHPORT ON THE BAY DOCK OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O WAYNE BRINKMAN  
212 TOPANGA DR  
BONITA SPRING, FL 34134 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O WAYNE BRINKMAN  
212 TOPANGA DR  
BONITA SPRINGS, FL 34134 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRINKMAN, WAYNE  
212 TOPANGA DR  
BONITA SPRINGS, FL 34134 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: DT ( ) Delete  
Name: BRINKMAN, WAYNE  
Address: 212 TOPANGA DR  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DAT ( ) Delete  
Name: KAHLER, WILLIAM  
Address: 800 TOPANGA DR  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD ( ) Delete  
Name: RIEZ, JEFFERY  
Address: 192 TOPANGA DR  
City-St-Zip: BONITA SPGS, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WAYNE BRINKMAN

D

03/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date