

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90010 041 ****61.25

DOCUMENT # N95000005679

1. Entity Name

SOUTHPORT SPRINGS COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

JERRY ROBERTS (PRES.)
35452 JOMAR.
ZEPHYRHILLS FL 33541
US

DOVETTA E. RIGNOLA
3531 RANGER PKWY.
ZEPHYRHILLS FL 33541
US

2. Principal Place of Business

3. Mailing Address

BARRY ROADES

35633 CLUBBER CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

35633 CLUBBER CT

City & State

ZEPHYRHILLS FL

City & State

ZEPHYRHILLS FL

Zip

33541

Country

USA

Zip

33541

Country

USA

4. FEI Number

59-3344105

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIGNOLA, DORETTA
3531 RANGER PKWY
ZEPHYRHILLS FL 33541

7. Name and Address of New Registered Agent

Name **ANDERSON, EDWARD**

Street Address (P.O. Box Number is Not Acceptable)

3715 BUBBA DR

City

ZEPHYRHILLS

FL

Zip Code

33541

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.

SIGNATURE *Ed Anderson* **EDWARD ANDERSON, SECRETARY** **4/4/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, JERRY	
STREET ADDRESS	35452 JOMAR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ROADES, BARRY	
STREET ADDRESS	35633 CLUBBER CT.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FINIZIO, HELEN	
STREET ADDRESS	35409 JOMAR AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RIGNOLA, DORETTA	
STREET ADDRESS	3531 RANGER RD PKWY	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FINIZIO, HELEN	
STREET ADDRESS	35409 JOMAR AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELY, WILLIAM	
STREET ADDRESS	3620 RANGER PKWY	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROADES, BARRY	
STREET ADDRESS	35633 CLUBBER CT.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN ROBERTS	
STREET ADDRESS	35452 JOMAR AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUEAR, CAROLYN	
STREET ADDRESS	3536 RANGER PKWY.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, EDWARD	
STREET ADDRESS	3715 BUBBA DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELY, WILLIAM	
STREET ADDRESS	3620 RANGER PKWY	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *Ed Anderson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01 (813)779-0897
Date Daytime Phone #

CR2E037 (10/00)