

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90261 004 ****61.25

DOCUMENT # N98000003846

1. Entity Name

SOUTHPORT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**8740 WICHITA PLACE
 ORLANDO FL 32827**

Mailing Address

**8740 WICHITA PLACE
 ORLANDO FL 32827**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3527903**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIVERA, MARY L
 4004 EDGEWATER DRIVE
 ORLANDO FL 32804-2837**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

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
 After September 12, 2001, min. will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **MOORE, DIANA**
 STREET ADDRESS **3110 BARNSTABEL PLACE**
 CITY-ST-ZIP **ORLANDO FL 32827**

TITLE **VPD** ☐ Change ☒ Addition
 NAME **BOESCH, AARON**
 STREET ADDRESS **8601 WICHITA PLACE**
 CITY-ST-ZIP **ORLANDO FL 32827**

TITLE **VPD** ☒ Delete
 NAME **SHASSIAN, LOUIS P**
 STREET ADDRESS **1551 SANDSPUR ROAD**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **SD** ☐ Change ☒ Addition
 NAME **JOYNES, MELISSA**
 STREET ADDRESS **8411 POCASSET PLACE**
 CITY-ST-ZIP **ORLANDO FL 32827**

TITLE **D** ☒ Delete
 NAME **SHAMP, MICHELLE**
 STREET ADDRESS **8555 POCASSET**
 CITY-ST-ZIP **ORLANDO FL 32827**

TITLE **D** ☐ Change ☒ Addition
 NAME **MOTTOZA, NICOLE**
 STREET ADDRESS **3160 MARSH HARBOR PLACE**
 CITY-ST-ZIP **ORLANDO, FL 32827**

TITLE **TD** ☐ Delete
 NAME **JUNG, RICHARD**
 STREET ADDRESS **3251 SAN PEDRO LANE**
 CITY-ST-ZIP **ORLANDO FL 32827**

TITLE **D** ☐ Change ☒ Addition
 NAME **CARRION, AMY**
 STREET ADDRESS **3055 PORT ROYAL DR**
 CITY-ST-ZIP **ORLANDO, FL 32827**

TITLE **BM** ☒ Delete
 NAME **COLLADO, PEDRO**
 STREET ADDRESS **3112 ANDROS PLACE**
 CITY-ST-ZIP **ORLANDO FL 32827**

TITLE **D** ☐ Change ☒ Addition
 NAME **DAVILA, NANCY FRANQUI**
 STREET ADDRESS **8474 POCASSET PLACE**
 CITY-ST-ZIP **ORLANDO FL 32827**

TITLE **SD** ☐ Delete
 NAME **MAYS, DOREA**
 STREET ADDRESS **3110 BARNSTABLE PLACE**
 CITY-ST-ZIP **ORLANDO FL 32827**

TITLE **D** ☐ Change ☒ Addition
 NAME **NEGRELLI, JOSEPH**
 STREET ADDRESS **3142 BARNSTABLE PLACE**
 CITY-ST-ZIP **ORLANDO, FL 32827**

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: **SIGNATURE REQUIRED** Richard Jung 8/29/2001 (407) 299-9009

CR2E037 (5/01)