2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90067 046 ****61.25

DOCUMENT # N98000003846

1. Entity Name
SOUTHPORT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8740 WICHITA PLACE ORLANDO, FL 32827	PENN FIRST MGMT. COMPANY 1813 N. DEAN RD., SUITE 103 ORLANDO, FL 32827

J20021100

03302004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	498 Palm Springs Drive Suite 235
City & State	Altamonte Springs FL
Zip / Country	32701 / USA

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 PENN FIRST MGMT. COMPANY 1813 N. DEAN RD., SUITE 103 ORLANDO, FL 32817	Name: James W. Boyle Street Address (P.O. Box Number is Not Acceptable): 498 Palm Springs Drive, Suite 235 City: Altamonte Springs FL Zip Code: 32701

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 _____ 4/6/04
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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, DIANA 3110 BARNSTABEL PLACE ORLANDO, FL 32827	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Maureen Abrahamsen 8682 Pocasset Place Orlando, Fl. 32827 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LAFKO, DENNIS 3105 PROVINCETOWN PL. ORLANDO, FL 32827	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer David Schiller 3161 Oak Bluff Drive Orlando, Fl. 32827 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DRIVER, LEIGH 8305 LE MESA ST. ORLANDO, FL 32827	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Mike Shipton 3014 Abaco Street Orlando, Fl. 32827 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT CLEARY, BILL 3240 OAK BLUFF DRIVE ORLANDO, FL 32827	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Miguel Sanjurjo Director 3020 Sea Venture Street Orlando, Fl. 32827 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HEANEY, SHARON 3265 OAK BLUFF DR. ORLANDO, FL 32827	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAYS, DOREA 3110 BARNSTABLE PLACE ORLANDO, FL 32827	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Alex Lamour 8612 Pocasset Place Orlando, Fl 32827 — ☐ Change ☒ Addition

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: Sharon Heaney 4-13-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #