2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90353 033 ****61.25

DOCUMENT # N98000003846

1. Entity Name
SOUTHPORT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8740 WICHITA PLACE ORLANDO, FL 32827	498 PALM SPRINGS DRIVE, STE 235 ALTAMONTE SPRINGS, FL 32701

04152005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	8009 S. Orange Ave Suite, Apt. #, etc.
City & State	City & State: Orlando Fl
Zip / Country	Zip: 32809 / Country: 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
BOYLE, JAMES W 498 PALM SPRINGS DRIVE, STE 235 ALTAMONTE SPRINGS, FL 32701	Name: Leland Management Street Address (P.O. Box Number is Not Acceptable): 8009 S. Orange Ave City: Orlando **FL** Zip Code: 32809

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: _____ 4/15/05
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, 2005

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	VP ABRAHMSEN, MAUREEN 8682 POCASSET PLACE ORLANDO, FL 32827	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Roger Hurlburt 3120 Port Royal Dr Orlando Fl 32827	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHILLER, DAVID 3161 OAK BLUFF DRIVE ORLANDO, FL 32827	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Michael Kern 8335 Le Mesa St. Orlando Fl 32827	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHIPTON, MIKE 3014 ABACO STREET ORLANDO, FL 32827	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Thomas Taffinder 3161 Oak Bluff Dr. Orlando Fl 32827	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANJURJO, MIGEUL 3020 SEA VENTURE STREET ORLANDO, FL 32827	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Miguel Sanjurjo 3020 Seaventure St Orlando Fl 32827	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HEANEY, SHARON 3265 OAK BLUFF DR. ORLANDO, FL 32827	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Elba P. Ozeran-Gudelanis 8661 Pocasset Pl. Orlando Fl 32827	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAMOUR, ALEX 8642 POCASSET PLACE ORLANDO, FL 32827	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Luz Obijo 3225 Escondido Dr. 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: Elba Ozeran-Gudelanis 4/22/05 407-554-2591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #