2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003846

FILED Apr 29, 2008 Secretary of State

Entity Name: SOUTHPORT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 8740 WICHITA PLACE ORLANDO, FL 32827 **Current Mailing Address: New Mailing Address:** 5955 T.G. LEE BLVD 8009 S ORANGE AVE SUITE 300 ORLANDO, FL 32809 ORLANDO, FL 32822 FEI Number: 59-3527903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: FURLOW, REBECCA FURLOW, REBECCA 5955 T.G. LEE BLVD 8009 S ORANGE AVE US SUITE 300 ORLANDO, FL 32809 ORLANDO, FL 32812 US 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: 04/29/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BENITEZ, ARMANDO JR Name: Name: 8625 OAK BLUFF DR Address: Address: City-St-Zip: ORLANDO, FL 32827 City-St-Zip: Title: Title: () Delete () Change () Addition KERN, MICHAEL Name: Name: Address: 8335 LE MESA ST Address: City-St-Zip: ORLANDO, FL 32827 City-St-Zip: Title: () Delete Title: () Change () Addition OZERAN-GUDELANIS, ELBA P Name: Name: 8661 POCASSET PL Address: Address: City-St-Zip: ORLANDO, FL 32827 City-St-Zip: Title: () Delete Title: () Change () Addition Name: OBJIO, TRJEDA L Name: 3225 ESCONDIDO DR Address: Address: City-St-Zip: ORLANDO, FL 32827 City-St-Zip: Title: () Delete Title: () Change () Addition CASSANOVA, CARLOS Name: Name: 3050 STELLA MARIA PLACE Address: Address: City-St-Zip: ORLANDO, FL 32827 City-St-Zip: Title: () Delete Title: () Change () Addition OBANDO, RAMSES Name: Name: Address: 8421 LE MESA ST Address: ORLANDO, FL 32827+ City-St-Zip: 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.

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