

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N98000003846

1. Entity Name
SOUTHPORT HOMEOWNERS ASSOCIATION, INC.



FILED

08 NOV -3 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10172008 Chg-NP CR2E037 (12/06)

Principal Place of Business
8740 WICHITA PLACE
ORLANDO, FL 32827

Mailing Address
~~8740 WICHITA PL~~
~~ORLANDO FL 32827~~
8740 WICHITA PL
ORLANDO FL 32827

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
8740 WICHITA PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando FL 32827

Zip

Country

Zip
32827

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

OLAVARRIA, EMMA
8740 WICHITA PLACE
ORLANDO, FL 32827

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

400137212914
10/23/08--01031--008 **\$1.25

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENITEZ, ARMANDO JR 8625 OAK BLUFF DR ORLANDO, FL 32827	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KERN, MICHAEL 8335 LE MESA ST ORLANDO, FL 32827	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OZERAN-GUDELANIS, ELBA P 8661 POCASSET PL ORLANDO, FL 32827	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBJIO, TEJEDA L 3225 ESCONDIDO DR ORLANDO, FL 32827	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSANOVA, CARLOS 3050 STELLA MARIA PLACE ORLANDO, FL 32827	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBANDO, RAMSES 8421 LE MESA ST ORLANDO, FL 32827+	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEL02 ALEX 3240 ESCONDIDO DR Orlando FL 32827	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ JORGE 8432 LE MESA ST. Orlando FL 32827	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY OZERAN-GUDELANIS, ELBA 8661 POCASSET PL Orlando FL 32827	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TEJEDA, LVZ 3225 ESCONDIDO DR. Orlando FL 32827	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA HECTOR 8661 POCASSET PL Orlando FL 32827	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OBANDO OSCAR 8421 LE MESA ST Orlando FL 32827	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/08

Date

407-251-0544

Daytime Phone #