2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State
02-26-2003 90139 008 ****61.25

DOCUMENT # N98000003846

1. Entity Name
SOUTHPORT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8740 WICHITA PLACE ORLANDO FL 32827	~~8740 WICHITA PLACE~~ ~~ORLANDO FL 32827~~

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. PENN FIRST
MANAGEMENT INC
1813 N.DEAN RD SUITE 103
ORLANDO FL 32822

☒ CHECK HERE IF MAKING CHANGES

lumber 59-3527903 | ☐ Applied For | ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street PENN FIRST
MANAGEMENT INC
City 1813 N.DEAN RD SUITE 103
ORLANDO FL 32817
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office ... iliar with, and accept the obligations of registered agent.

SIGNATURE LAWRENCE SHEELER 3/12/03
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

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	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ ~~BOESCH, AARON~~ ~~8601 WICHITA PLACE~~ ~~ORLANDO FL 32827~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Dennis LAFKO 3105 Provincetown Place Orlando FL 32827	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ ~~JOYNES, MELISSA~~ ~~8411 POCASSET PLACE~~ ~~ORLANDO FL 32827~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Leigh Driver 8305 Le mesa St. Orlando FL 32827	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ CLEARY, BILL 3240 OAK BLUFF DRIVE ORLANDO FL 32827	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/T	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~MOTTOZA, NICOLE~~ ~~3160 MARSH HARBOR PLACE~~ ~~ORLANDO FL 32827~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Sharon Heaney 3265 Oak Bluff Dr. Orlando FL 32827	☐ 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		☐ Change ☐ Addition

CR2E037 (10/02)

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 Dennis 2-17-03 407-...-8325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #