## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002795

Entity Name: SOUTHPORT BAY PHASE I HOMEOWNERS' ASSOCIATION,

INC.

Apr 26, 2017 Secretary of State CC0963373351

**FILED** 

## **Current Principal Place of Business:**

811 MABBETTE STREET KISSIMMEE, FL 34741

## **Current Mailing Address:**

811 MABBETTE STREET KISSIMMEE, FL 34741 US

FEI Number: 20-2597460 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ASSOCIATION SOLUTIONS OF CENTRAL FL, INC. 811 MABBETTE STREET KISSIMMEE, FL 34741 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: MARK HILLS 04/26/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PD Title VD

Name VARELA, ALFREDO Name LESTER, JUSTUS

Address 4636 HURON BAY CIRCLE Address 4610 HURON BAY CIRCLE

City-State-Zip: KISSIMMEE FL 34759 City-State-Zip: KISSIMMEE FL 34759

Title STD

Name LESTRADE, SHERILLA
Address 4725 HURON BAY CIRCLE
City-State-Zip: KISSIMMEE FL 34759

I hereby 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 all other like empowered.

SIGNATURE: ALFREDO VARELA PRESI

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/26/2017