

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Dec 01, 2006  
Secretary of State**

DOCUMENT# N04000002451

**Entity Name:** PORTA AL MARE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**117 A NE 5TH AVENUE  
DELRAY BEACH, FL 33483**New Principal Place of Business:**150 NE 6TH AVE.  
UNIT I  
DELRAY BEACH, FL 33483 US**Current Mailing Address:**117 A NE 5TH AVENUE  
DELRAY BEACH, FL 33483**New Mailing Address:**150 NE 6TH AVE.  
UNIT I  
DELRAY BEACH, FL 33483 US

FEI Number: 20-1014267

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:****Name and Address of New Registered Agent:**CISCO, OWEN G  
150 NE 6TH AVE.  
UNIT I  
DELRAY BEACH, FL 33483 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: OWEN GARY CISCO

12/01/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: D ( ) Change (X) Addition  
Name: CISCO, MARY JO  
Address: 150 NE 6TH AVE., UNIT I  
City-St-Zip: DELRAY BEACH, FL 33483 USTitle: D ( ) Change (X) Addition  
Name: MALANGA, JOANNE  
Address: 150 NE 6TH AVE., UNIT O  
City-St-Zip: DELRAY BEACH, FL 33483 USTitle: D ( ) Change (X) Addition  
Name: FRANKEL, BRETT  
Address: 150 NE 6TH AVE., UNIT L  
City-St-Zip: DELRAY BEACH, FL 33483 US

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MARY JO CISCO

D

12/01/2006

Electronic Signature of Signing Officer or Director

Date