

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2009  
Secretary of State**

DOCUMENT# N04000002451

Entity Name: PORTA AL MARE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2328 S CONGRESS AVE  
SUITE 2A  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

2328 S CONGRESS AVE  
SUITE 2A  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

FEI Number: 20-1014267      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CISCO, OWEN G  
150 NE 6TH AVE.  
UNIT I  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: MICHOS, SPERO  
Address: 2328 S. CONGRESS AVE, STE. 2A  
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: PD ( ) Delete  
Name: MALANGA, JOANNE  
Address: 2328 S. CONGRESS AVE, STE. 2A  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: SD ( ) Delete  
Name: DYTOKO, TOM  
Address: 2328 S. CONGRESS AVE, STE. 2A  
City-St-Zip: WEST PALM BEACH, FL 33406

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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.

SIGNATURE: JOANNE MALANGA

PD

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date