

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 728938

**Entity Name:** PORTOBELLO OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

595 BAY ISLES RD  
SUITE 225  
LONGBOAT KEY, FL 34228

**Current Mailing Address:**

PO BOX 8158  
LONGBOAT KEY, FL 34228 US

**FEI Number:** 59-1885871

**Certificate of Status Desired:** No

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

LONGBOAT PRIVATE SERVICES  
595 BAY ISLES RD  
SUITE 225  
LONGBOAT KEY, FL 34228 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:** DAVID E. NOVAK

12/05/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name COLLINS, WILLIAM  
Address PO BOX 8158  
City-State-Zip: LONGBOAT KEY FL 34228

Title PRESIDENT  
Name MILLER, SUZANNE  
Address PO BOX 8158  
City-State-Zip: LONGBOAT KEY FL 34228

Title DIRECTOR  
Name POLLOCK, STEPHEN  
Address PO BOX 8158  
City-State-Zip: LONGBOAT KEY FL 34228

Title SECRETARY  
Name THIROWAY, JOSEPH  
Address PO BOX 8158  
City-State-Zip: LONGBOAT KEY FL 34228

Title TREASURER  
Name HELLWEG, KURT  
Address PO BOX 8158  
City-State-Zip: LONGBOAT KEY FL 34228

Title ASST. SECRETARY  
Name NOVAK, DAVID  
Address PO BOX 8158  
City-State-Zip: LONGBOAT KEY FL 34228

*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:** DAVID E NOVAK

ASST SECRETARY

12/05/2023

Electronic Signature of Signing Officer/Director Detail

Date