| FEI Number: 20-1166816<br>Name and Address of Current Registered Agent:  |  |                 | Certificate of Status Desired: No |            |
|--|--|-----------------|-----------------------------------|------------|
| SHAFOR, STEVEN H<br>1220 MIAMI ROAD<br>SUITE #6<br>FT. LAUDERDALE, FL 33316 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  | STEVEN SHAFOR                            |                 |                                   | 02/23/2016 |
|  | Electronic Signature of Registered Agent |                 |                                   | Date       |
| Officer/Director Detail :  |  |                 |                                   |            |
| Title  | Р  | Title           | TREASURER, SECRETARY              |            |
| Name   | OBOLSKY, MIKE                            | Name            | PAPP, ARPAD                       |            |
| Address  | 850 N.E.3RD STREET                       | Address         | PO BOX 460280                     |            |
| City-State-Zip:  | FORT LAUDERDALE FL 33304                 | City-State-Zip: | FORT LAUDERDALE FL 33346          | 6          |
| Title  | D  |                 |                                   |            |
| Name   | DUTOIT, DEAN                             |                 |                                   |            |
| Address  | P.O. BOX 460280                          |                 |                                   |            |
| City-State-Zip:  | FORT LAUDERDALE FL 33346                 |                 |                                   |            |

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: MIKE OBOLSKY

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

02/23/2016

Date

FILED Feb 23, 2016 Secretary of State CC0349450973

## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002170

Entity Name: PORTSIDE ASSOCIATION, INC.

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

1220 MIAMI ROAD SUITE #6 FORT LAUDERDALE, FL 33316

### **Current Mailing Address:**

1220 MIAMI ROAD SUITE #6 FORT LAUDERDALE, FL 33316

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