Entity Name: PORTA AL MARE HOMEOWNERS ASSOCIATION, INC.			Secretary of State 1531020846CC	
Current Prir	cipal Place of Business:		1551020	04000
88 NE 5TH AVE				
DELRAY BEAC	H, FL 33483			
Current Mai	ling Address:			
88 NE 5TH A	VE			
DELRAY BE	ACH, FL 33483 US			
FEI Number: 20-1014267		Certificate of Status Desired: No		
Name and A	ddress of Current Registered Agent:			
	PERTY MANAGEMENT			
88 NE 5TH AVE DELRAY BEAC	H, FL 33483 US			
The above named	l entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Flor	ida.
010114TUD				
SIGNATURE	TOM PERRY			03/25/2019
SIGNATURE	Electronic Signature of Registered Agent			03/25/2019 Date
Officer/Dire	Electronic Signature of Registered Agent			
	Electronic Signature of Registered Agent	Title	PRESIDENT	
Officer/Dire	Electronic Signature of Registered Agent	Title Name	PRESIDENT MYERS, EARL	
<b>Officer/Dire</b>	Electronic Signature of Registered Agent ctor Detail : TREASURER		-	
<b>Officer/Dire</b> Title Name	Electronic Signature of Registered Agent ctor Detail : TREASURER MICHOS, MERYL 150 NE 6TH AVE	Name	MYERS, EARL 150 NE 6TH AVE	
Officer/Direc Title Name Address	Electronic Signature of Registered Agent ctor Detail : TREASURER MICHOS, MERYL 150 NE 6TH AVE	Name Address	MYERS, EARL 150 NE 6TH AVE	
Officer/Direc Title Name Address City-State-Zip:	Electronic Signature of Registered Agent <b>Ctor Detail :</b> TREASURER MICHOS, MERYL 150 NE 6TH AVE DELRAY BEACH FL 33483	Name Address	MYERS, EARL 150 NE 6TH AVE	
Officer/Direct Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : TREASURER MICHOS, MERYL 150 NE 6TH AVE DELRAY BEACH FL 33483 SECRETARY	Name Address	MYERS, EARL 150 NE 6TH AVE	
Officer/Direct Title Name Address City-State-Zip: Title Name Address	Electronic Signature of Registered Agent <b>Ctor Detail :</b> TREASURER MICHOS, MERYL 150 NE 6TH AVE DELRAY BEACH FL 33483 SECRETARY PACKER, BILL	Name Address	MYERS, EARL 150 NE 6TH AVE	

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: EARL MYERS

PRESIDENT

03/25/2019

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N04000002451

FILED Mar 25, 2019 Secretary of State

Date