Entity Name: PORTA AL MARE HOMEOWNERS ASSOCIATION, INC.			y of State 8901CC	
Current Prin 88 NE 5TH AVE DELRAY BEAC			070321	090100
Current Mai	ling Address:			
88 NE 5TH A DELRAY BE	AVE ACH, FL 33483 US			
FEI Number: 20-1014267			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
SECURE PROP 88 NE 5TH AVE	PERTY MANAGEMENT			
	H, FL 33483 US			
DELRAY BEAC	H, FL 33483 US	stered office or regis	tered agent, or both, in the State of Fl	orida.
DELRAY BEAC		stered office or regis	tered agent, or both, in the State of Fl	orida. 05/15/2020
DELRAY BEAC	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Fl	
DELRAY BEAC	d entity submits this statement for the purpose of changing its regis E TOM PERRY Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Fl	05/15/2020
DELRAY BEAC The above named SIGNATURE	d entity submits this statement for the purpose of changing its regis E TOM PERRY Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Fl	05/15/2020
DELRAY BEAC The above named SIGNATURE Officer/Dire	d entity submits this statement for the purpose of changing its regis TOM PERRY Electronic Signature of Registered Agent ctor Detail :			05/15/2020
DELRAY BEAC The above named SIGNATURE Officer/Dire Title	d entity submits this statement for the purpose of changing its regis TOM PERRY Electronic Signature of Registered Agent ctor Detail : TREASURER	Title	PRESIDENT	05/15/2020
DELRAY BEAC The above named SIGNATURE Officer/Dire Title Name	d entity submits this statement for the purpose of changing its regis TOM PERRY Electronic Signature of Registered Agent Ctor Detail : TREASURER MICHOS, MERYL 150 NE 6TH AVE	Title Name	PRESIDENT MYERS, EARL 150 NE 6TH AVE	05/15/2020
DELRAY BEAC The above named SIGNATURE Officer/Dire Title Name Address	d entity submits this statement for the purpose of changing its regis TOM PERRY Electronic Signature of Registered Agent Ctor Detail : TREASURER MICHOS, MERYL 150 NE 6TH AVE	Title Name Address	PRESIDENT MYERS, EARL 150 NE 6TH AVE	05/15/2020
DELRAY BEAC The above named SIGNATURE Officer/Dire Title Name Address City-State-Zip:	<ul> <li>d entity submits this statement for the purpose of changing its regis</li> <li>TOM PERRY</li> <li>Electronic Signature of Registered Agent</li> <li>Ctor Detail :</li> <li>TREASURER</li> <li>MICHOS, MERYL</li> <li>150 NE 6TH AVE</li> <li>DELRAY BEACH FL 33483</li> </ul>	Title Name Address	PRESIDENT MYERS, EARL 150 NE 6TH AVE	05/15/2020
DELRAY BEAC The above name SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	d entity submits this statement for the purpose of changing its regis E TOM PERRY Electronic Signature of Registered Agent Ctor Detail : TREASURER MICHOS, MERYL 150 NE 6TH AVE DELRAY BEACH FL 33483 SECRETARY	Title Name Address	PRESIDENT MYERS, EARL 150 NE 6TH AVE	05/15/2020

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002451

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

05/15/2020

FILED May 15, 2020

Electronic Signature of Signing Officer/Director Detail