

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90130 018 \*\*\*\*61.25

**DOCUMENT # 724494**

1. Entity Name

PORT DE MER, INC.



Principal Place of Business

1236 HILLSBORO MILE  
HILLSBORO BEACH FL 33061-1324  
US

Mailing Address

1236 HILLSBORO MILE  
HILLSBORO BEACH FL 33062-1324  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1590573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & POLIAKOFF, P.A.  
3111 STIRLING ROAD  
FORT LAUDERDALE FL 33312-6525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KELLEY, ROSE	
STREET ADDRESS	1236 HILLSBORO MI	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	REILLY, MOIRA	
STREET ADDRESS	1237 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DOLAN, MARY LOU	
STREET ADDRESS	1238 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GAUDINO, JESSICA	
STREET ADDRESS	1238 HILLSBORO MI.	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'KEEFE, BERNADINE	
STREET ADDRESS	1239 HILLSBORO MI.	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD KALINA	
STREET ADDRESS	1239 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BCH, FL 33062	
TITLE	SECT/TREAS.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL RICH	
STREET ADDRESS	1237 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BCH, FL 33062	
TITLE	PAUL MAZOR - DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1239 HILLSBORO MILE	
STREET ADDRESS	HILLSBORO BCH, FL 33062	
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER KANE	
STREET ADDRESS	1237 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BCH, FL 33062	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/05 561-305-3336