


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90063 010 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01262007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1590573				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KALINA, RICHARD		NAME		
STREET ADDRESS	1236 HILLSBORO MI		STREET ADDRESS		
CITY - ST - ZIP	HILLSBORO BEACH, FL 33062		CITY - ST - ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KEMPISTY, KAREN		NAME	TREAS. RENZO TRAVERSO	
STREET ADDRESS	1239 HILLSBORO MILE		STREET ADDRESS	1239 HILLSBORO MILE	
CITY - ST - ZIP	HILLSBORO BEACH, FL 33062		CITY - ST - ZIP	HILLSBORO BEACH, FL 33062	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAZOR, PAUL		NAME	MAZOR, PAUL	
STREET ADDRESS	1238 HILLSBORO MILE		STREET ADDRESS	1239 HILLSBORO MILE	
CITY - ST - ZIP	HILLSBORO BEACH, FL 33062		CITY - ST - ZIP	HILLSBORO BEACH, FL 33062	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KANE, RODGER		NAME	D. JAMES NORTON	
STREET ADDRESS	1238 HILLSBORO MI.		STREET ADDRESS	1239 HILLSBORO MILE	
CITY - ST - ZIP	HILLSBORO BEACH, FL 33062		CITY - ST - ZIP	HILLSBORO BEACH, FL 33062	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'KEEFE, BERNADINE		NAME	SECT	
STREET ADDRESS	1239 HILLSBORO MI.		STREET ADDRESS		
CITY - ST - ZIP	HILLSBORO BEACH, FL 33062		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Bernadine J. O'Keefe</i> BERNADINE J. O'KEEFE, SECRETARY 03/30/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					