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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728938

1. Corporation Name
PORTOBELLO OWNERS ASSOCIATION, INC.

Principal Place of Business CONDOMINIUM MGMT., INC. 1801 GLENGARY ST. SARASOTA FL 34231-3603 US	Mailing Address CONDOMINIUM MGMT., INC. 1801 GLENGARY ST. SARASOTA FL 34231-3603 US
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2. Principal Place of Business 21 3235 GULF OF MEXICO DR. Suite, Apt. #, etc. 22	2a. Mailing Address 26 C/O BETH CALLANS MGMT. Suite, Apt. #, etc. 27 550 BAY ISLES RD. City & State 28 LONGBOAT KEY, FL Zip 24 34228 Country 25 USA	3. Date Incorporated or Qualified 02/26/1974	4. FEI Number 59-1885871 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

Beth Callans Management Corporation
550 Bay Isles Road
Longboat Key, FL 34228

10. Name and Address of New Registered Agent

81 Name BETH CALLANS	82 Street Address (P.O. Box Number is Not Acceptable) BETH CALLANS MGMT CORP.	83 550 BAY ISLES RD.	84 City LONGBOAT KEY, FL	85 Zip/Code 34228
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Beth Callans* BETH CALLANS DATE: 04/23/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETERSON, GLENN 3235 GULF OF MEXICO DR. UNIT #A406 LONGBOAT KEY FL 34228	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARR, MARIE 3240 GULF OF MEXICO DRIVE UNIT B301 LONGBOAT KEY FL 34228	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CLARK, RICHARD P 1801 GLENGARY ST. SARASOTA FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BABIK, JERRY S 1801 GLENGARY STREET SARASOTA FL 34231	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CLARK, RICHARD P 1801 GLENGARY ST. SARASOTA FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Arthur Bahr, President 3235 Gulf of Mexico Dr., Unit A203 Longboat Key, FL 34228
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Jerry Babik, Vice President 3235 Gulf of Mexico Dr., Unit A301 Longboat Key, FL 34228
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Richard Klare, Secretary 3240 Gulf of Mexico Dr., Unit B307 Longboat Key, FL 34228
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	David Rogers, Treasurer 3240 Gulf of Mexico Dr., Unit B103 Longboat Key, FL 34228
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Glenn Peterson, Director 3235 Gulf of Mexico Dr., Unit A406 Longboat Key, FL 34228
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Beth Callans, Association Manager ASST. TREAS. 550 Bay Isles Road Longboat Key, FL 34228

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other lines empowered.

SIGNATURE: *Beth Callans* SIGNATURE REQUIRED BETH CALLANS, ASST. TREAS 4/23/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)