


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90572 005 ****61.25

DOCUMENT # 728938
 1. Entity Name
PORTOBELLO OWNERS ASSOCIATION, INC.



Principal Place of Business
 3235 AND 3240 GULF OF MEXICO DRIVE
 LONGBOAT KEY, FL 34228 US

Mailing Address
 595 BAY ISLES ROAD
 SUITE 201
 LONGBOAT KEY, FL 34228 US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04122004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1885871 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

BETH CALLANS MGMT CORP
 595 BAY ISLES RD STE 201
 LONGBOAT KEY, FL 34228

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25 Due by May 1, 2004

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input type="checkbox"/> Delete BARRON, TOM 3240 GULF OF MEXICO DR LONGBOAT KEY, FL 34228	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD	<input type="checkbox"/> Delete BOPP, PATRICIA 3240 GULF OF MEXICO DR #607 LONGBOAT KEY, FL 34228	TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bopp, Patricia 3240 Gulf of Mexico Dr. #607 Longboat Key, FL 34228
TITLE VP	<input type="checkbox"/> Delete WAGSTAFF, JAMES 3240 GULF OF MEXICO DR #B404 LONGBOAT KEY, FL 34228	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD	<input type="checkbox"/> Delete SCHUH, ROLLA 3240 GULF OF MEXICO DR #B506 LONGBOAT KEY, FL 34228	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD	<input type="checkbox"/> Delete JONES, TOM 3235 GULF OF MEXICO DR A306 LONGBOAT KEY, FL 34228	TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jones Tom 3235 Gulf of Mexico Dr. #A306 Longboat Key, FL 34228
TITLE AT	<input type="checkbox"/> Delete CALLANS, BETH 595 BAY ISLES RD SUITE 201 LONGBOAT KEY, FL 34228	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: **4-22-04** Daytime Phone #: **TRBS Patricia S. Bopp**