


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90046 028 \*\*\*\*61.25

<b>DOCUMENT # 728938</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1885871	
				Applied For 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		
BETH CALLANS MGMT CORP 595 BAY ISLES RD STE 200 LONGBOAT KEY, FL 34228			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, DEBRA		NAME		
STREET ADDRESS	3295 GULF OF MEXICO DR A501		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	JD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, RALPH		NAME	Jones, Tom	
STREET ADDRESS	3235 GULF OF MEXICO DR A506		STREET ADDRESS	3235 Gulf of Mexico Dr #A300	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP	Longboat key, FL 34228	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, DELORES		NAME		
STREET ADDRESS	3240 GULF OF MEXICO DR B403		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, SUZANNE		NAME		
STREET ADDRESS	3235 GULF OF MEXICO DR A403		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGSTAFF, JAMES		NAME	Peterson, Glenn	
STREET ADDRESS	3240 GULF OF MEXICO DR 3404		STREET ADDRESS	3235 Gulf of Mexico Dr #A406	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP	Longboat key, FL 34228	
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLANS, BETH		NAME		
STREET ADDRESS	595 BAY ISLES RD SUITE 201		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		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>Delores G. Weiss</i>			Date: 4-14-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		