


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90495 047 ****61.25

DOCUMENT # 745164 1. Entity Name PORPOISE BAY VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % VISTA PROPERTY MANAGEMENT, INC. 100 VISTA ROYALE BLVD. VERO BEACH, FL 32962			Mailing Address % VISTA PROPERTY MANAGEMENT, INC. 100 VISTA ROYALE BLVD. VERO BEACH, FL 32962		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1902457	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEVINE, JAY STEVEN ESQ. 2500 N. MILITARY TRAIL SUITE 490 BOCA RATON, FL 33431				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> 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, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	S DRAKE, DORIS 300 HARBOUR DR. VERO BCH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARK, LEWIS 300 HARBOUR DRIVE VERO BEACH, FL 32963		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLARK, LEWIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLAIR, MARY 300 HARBOR DRIVE VERO BEACH, FL 32963		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLAIR, MARY 300 HARBOUR DRIVE VERO BEACH, FL 32963		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Buebendorf DONALD 300 Harbour Dr. #104A Vero Beach FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SNYDER, WILLIAM 300 HARBOR DRIVE VERO BEACH, FL 32963		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, JANET 300 Harbour Dr. #200B Vero Beach FL 32963 <input type="checkbox"/> Change <input checked="" 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: <u>Doris A. Drake</u> <u>April 22, 2005</u> 772-231-2766 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

Secretary

Director ☒ Addition
murphy, Frank
300 Harbour Dr 308E
Vero Beach FL 32963

Attachment
745164

40074154

Director ☒ Addition
Graham, Sterling
300 Harbour Dr. 101D
Vero Beach FL 32963