

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750710

FILED
Feb 18, 2005
Secretary of State

Entity Name: PORTOFINO OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O AMERICAN REALTY
1270 N. EGLIN PKY
SHALIMAR, FL 32579

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 875
SHALIMAR, FL 32579 US

New Mailing Address:

FEI Number: 59-2341710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAZIER, GLORIA
1270 N EGLIN PARKWAY
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: COREAN, SHEALY
Address: 200 MIRACLESTRIP #501
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TD () Delete
Name: FRAZIER, GLORIA,
Address: 11 GRANDVIEW
City-St-Zip: SHALIMAR, FL

Title: SD () Delete
Name: RAY, CANDACE L,
Address: 29-A 11TH ST
City-St-Zip: SHAILMAR, FL

Title: PD () Delete
Name: MOHRE, LOUIE
Address: 128 5TH AVE
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA K. FRAZIER

TD

02/18/2005

Electronic Signature of Signing Officer or Director

_____ Date