

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90016 019 \*\*\*\*61.25

**DOCUMENT # N01000004838**

1. Entity Name

**PORTOFINO-AT HAMMOCK DUNES CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

**7 FLORIDA PARK DRIVE NORT  
SUITE C  
PALM COAST FL 32137**

Mailing Address

**POST OFFICE BOX 353833  
PALM COAST FL 32135**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3739546**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANNON, FRED JR  
7 FLORIDA PARK DRIVE NORTH  
SUITE C  
PALM COAST FL 32137**

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

Signature, typed or printed name of registered agent and the filer, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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

TITLE PD  
NAME CAMPENNI, THOMAS  
STREET ADDRESS POST OFFICE 353833  
CITY-ST-ZIP PALM COAST FL 32135 ☒ Delete

TITLE VD  
NAME SLAGLE, ROBERT  
STREET ADDRESS POST OFFICE BOX 353833  
CITY-ST-ZIP PALM COAST FL 32135 ☒ Delete

TITLE DS  
NAME LEMIEUX, BERTRAM  
STREET ADDRESS POST OFFICE BOX 353833  
CITY-ST-ZIP PALM COAST FL 32135 ☒ Delete

TITLE DVP  
NAME WYROBEK, DAVID  
STREET ADDRESS POST OFFICE BOX 353833  
CITY-ST-ZIP PALM COAST FL 32135 ☐ Delete

TITLE DT  
NAME SCHNEIDER, CAROLE  
STREET ADDRESS POST OFFICE BOX 353833  
CITY-ST-ZIP PALM COAST FL 32135 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition  
NAME Tobin, William  
STREET ADDRESS Post Office Box 353833  
CITY-ST-ZIP Psalm Coast, FL 32135

TITLE TD ☐ Change ☒ Addition  
NAME Robinson, Ted  
STREET ADDRESS Post Office Box 353833  
CITY-ST-ZIP Palm Coast 32135

TITLE SD ☐ Change ☒ Addition  
NAME Faust, Helen  
STREET ADDRESS Post Office Box 353833  
CITY-ST-ZIP Palm Coast, FL 32135

TITLE DAS ☒ Change ☐ Addition  
NAME Wyrobek, Davis  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVP ☒ Change ☐ Addition  
NAME Schneider, Carole  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Carole M. Schneider* **Carole Schneider** 2/13/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE