

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004838

FILED
Apr 15, 2009
Secretary of State

Entity Name: PORTOFINO AT HAMMOCK DUNES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

7 FLORIDA PARK DRIVE NORTH
SUITE C
PALM COAST, FL 32137

Current Mailing Address:

POST OFFICE BOX 353833
PALM COAST, FL 32135

New Mailing Address:

FEI Number: 59-3739546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANNON, FRED JR
7 FLORIDA PARK DRIVE NORTH
SUITE C
PALM COAST, FL 32137 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: PD () Delete
Name: TOBIN, WILLIAM
Address: PO BOX 353833
City-St-Zip: PALM COAST, FL 32135

Title: TD () Delete
Name: ROBINSON, TED
Address: POST OFFICE BOX 353833
City-St-Zip: PALM COAST, FL 32135

Title: SD () Delete
Name: FAUST, HELEN
Address: PO BOX 353833
City-St-Zip: PALM COAST, FL 32135

Title: DAS () Delete
Name: WYROBEK, DAVIS
Address: POST OFFICE BOX 353833
City-St-Zip: PALM COAST, FL 32135

Title: DVP () Delete
Name: SCHNEIDER, CAROLE
Address: PO BOX 353633
City-St-Zip: PALM COAST, FL 32135

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: D (X) Change () Addition
Name: GRONBACHER, FRED
Address: POST OFFICE BOX 353833
City-St-Zip: PALM COAST, FL 32135

Title: DVP (X) Change () Addition
Name: CAMPENNI, THOMAS
Address: PO BOX 353633
City-St-Zip: PALM COAST, FL 32135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM TOBIN

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date