

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004839

FILED
Apr 30, 2008
Secretary of State

Entity Name: PORTO MAR NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

24301 WALDEN CENTER DRIVE
SUITE 300
BONITA SPRINGS, FL 34134

New Principal Place of Business:

7 FLORIDA PARK DRIVE NORTH
PALM COAST, FL 32137

Current Mailing Address:

24301 WALDEN CENTER DRIVE
SUITE 300
BONITA SPRINGS, FL 34134

New Mailing Address:

POST OFFICE BOX 353833
PALM COAST, FL 32135

FEI Number: 59-3739523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASTINGS, VIVIEN N
24301 WALDEN CENTER DRIVE
SUITE 300
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

ANNON, FRED JR.
7 FLORIDA PARK DRIVE NORTH
PALM COAST, FL 32137 US

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: FRED ANNON, JR.

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BYAL, TIMOTHY P
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DVT () Delete
Name: TIEBOUT-TOURON, MARCIENNE
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DS () Delete
Name: DAIGLE, LORRAINE T
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: MAXWELL, JEFFREY
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: D () Delete
Name: ALEXION, JAMES
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DAIGLE, LORRAINE
Address: POST OFFICE BOX 353833
City-St-Zip: PALM COAST, FL 32135

Title: DV (X) Change () Addition
Name: MANNING, HARLEY
Address: POST OFFICE BOX 353833
City-St-Zip: PALM COAST, FL 32135

Title: DT (X) Change () Addition
Name: LEMIEUX, BERTRAM
Address: POST OFFICE BOX 353833
City-St-Zip: PALM COAST, FL 32135

Title: DS (X) Change () Addition
Name: SLAGLE, SHARON
Address: POST OFFICE BOX 353833
City-St-Zip: PALM COAST, FL 32135 US

Title: D (X) Change () Addition
Name: MEAGHER, SUSAN
Address: POST OFFICE BOX 353833
City-St-Zip: PALM COAST, FL 32135 US

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: LORRAINE DAIGLE

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date