# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2009**
**Secretary of State**

DOCUMENT# N01000004839

**Entity Name:** PORTO MAR NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

7 FLORIDA PARK DRIVE NORTH
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 353833
PALM COAST, FL 32135

**New Mailing Address:**

**FEI Number: 59-3739523** **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
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: DP ( ) Delete
Name: DAIGLE, LORRAINE
Address: POST OFFICE BOX 353833
City-St-Zip: PALM COAST, FL 32135

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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 04/29/2009

Electronic Signature of Signing Officer or Director — Date