2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# N02000006801

Entity Name: PORTA LUNA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1119 N VICTORIA PK RD
UNIT 1
FT. LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

PO BOX 4041
FT LAUDERDALE, FL 33358

New Mailing Address:

PO BOX 4041
FT LAUDERDALE, FL 33338

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, HUGH
1119 N VICTORIA PK RD
#1
FT. LAUDERDALE, FL 33304 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: JOHNSON, HUGH
Address: 1119 N VICTORIA PK RD #1
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: TD ( ) Delete
Name: DENIS, DONALD
Address: 1119 N VICTORIA PK RD #1
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: SD ( ) Delete
Name: SPENCE, SUSAN
Address: 1119 N VICTORIA PK RD #1
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: D ( ) Delete
Name: WILDE, RUTH
Address: 1119 N VICTORIA PK RD #1
City-St-Zip: FT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: DENIS, DONALD
Address: 1119 N VICTORIA PK RD #8
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: SD (X) Change ( ) Addition
Name: SPENCE, SUSAN
Address: 1119 N VICTORIA PK RD #5
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: D (X) Change ( ) Addition
Name: WILDE, RUTH
Address: 1119 N VICTORIA PK RD #7
City-St-Zip: FT LAUDERDALE, FL 33304

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: DONALD DENIS TD 04/23/2008

Electronic Signature of Signing Officer or Director — Date