

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007761

FILED  
Jun 08, 2009  
Secretary of State

Entity Name: THE PORTICOS ASSOCIATION, INC.

## Current Principal Place of Business:

RICHARD SAAVEDRA  
3837 N.W. BOCA RATON BLVD.  
BOCA RATON, FL 33431

## New Principal Place of Business:

MELISSA WILLIAMS  
3837 N.W. BOCA RATON BLVD.  
BOCA RATON, FL 33431

## Current Mailing Address:

RICHARD SAAVEDRA  
3837 N.W. BOCA RATON BLVD.  
BOCA RATON, FL 33431

## New Mailing Address:

MELISSA WILLIAMS  
3837 N.W. BOCA RATON BLVD.  
BOCA RATON, FL 33431

FEI Number: 02-0680585      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

SIMON, SIGALOS, & SPYREDES, P.A.  
3839 NW BOCA RATON BLVD  
STE 100-A  
BOCA RATON, FL 33431 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: P ( ) Delete  
Name: SPYREDES, ANASTASIOS T  
Address: 3839 NW BOCA RATON BLVD STE 100-A  
City-St-Zip: BOCA RATON, FL 33431

Title: SD ( ) Delete  
Name: GAINES, PATRICK  
Address: 3837 NW BOCA RATON BLVD  
City-St-Zip: BOCA RATON, FL 33431

Title: VTD ( ) Delete  
Name: KANIUK, JEROLD  
Address: 3835 NW BOCA RATON BLVD  
City-St-Zip: BOCA RATON, FL 33431

Title: D ( ) Delete  
Name: SPYREDES, ANASTASIOS  
Address: 3837 N.W. BOCA BLVD.  
City-St-Zip: BOCA RATON, FL 33431

## 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: ( ) 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: PATRICK S. GAINES

SD

06/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date