

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002843

FILED
Apr 06, 2009
Secretary of State

Entity Name: PORTOFINO SHORES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5720 SPANISH RIVER RD
FORT PIERCE, FL 34951

New Principal Place of Business:

Current Mailing Address:

5720 SPANISH RIVER RD
FORT PIERCE, FL 34951

New Mailing Address:

FEI Number: 80-0063460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAYSHORE ASSOCIATION MGMT
430 NW LAKE WHITNEY PLACE
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

ROSS, EARLE, & BONAN P.A.
759 S. FEDERAL HWY
SUITE 212
STUART, FL 34994 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: DEBORAH ROSS 04/06/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HEALY, HUGH
Address: 6223 ARLINGTON WAY
City-St-Zip: FORT PIERCE, FL 34951

Title: VP () Delete
Name: DISISTO, FERNADO
Address: 5514 PLACE LAKE DR
City-St-Zip: FORT PIERCE, FL 34951

Title: D () Delete
Name: ROHR, STEFFI
Address: 5903 WALNUT PARK LANE
City-St-Zip: FORT PIERCE, FL 34951

Title: T () Delete
Name: FRANTANTONI, RON
Address: 5921 SPANISH RIVER RD
City-St-Zip: FORT PIERCE, FL 34951

Title: S () Delete
Name: KIDNEY, GWENDOLYN
Address: 6235 ARLINGTON WAY
City-St-Zip: FORT PIERCE, FL 34951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: ROHR, STEFFI
Address: 5903 WALNUT PARK LANE
City-St-Zip: FORT PIERCE, FL 34951

Title: S (X) Change () Addition
Name: FRANTANTONI, RON
Address: 5921 SPANISH RIVER RD
City-St-Zip: FORT PIERCE, FL 34951

Title: D (X) Change () Addition
Name: KIDNEY, GWENDOLYN
Address: 6234 ARLINGTON WAY
City-St-Zip: FORT PIERCE, FL 34951

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: HUGH HELAY PD 04/06/2009

Electronic Signature of Signing Officer or Director Date