

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90069 034 ****61.25

DOCUMENT # N03000009309					
1. Entity Name PORTOFINO TOWER FIVE HOMEOWNERS ASSOCIATION AT PENSACOLA BEACH, INC.					
Principal Place of Business TEN PORTOFINO DR PENSACOLA BEACH, FL 32561 US			Mailing Address TEN PORTOFINO DR PENSACOLA BEACH, FL 32561 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4268670	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75* Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL, JAMES S %BEGGS & LANE 501 COMMENDENCIA ST PENSACOLA, FL 32502			7. Name and Address of New Registered Agent Name <u>RAYMOND F. NEWMAN JR</u> Street Address (P.O. Box Number is Not Acceptable) <u>348 MIRACLE STRIP PKWY</u> <u>SUITE 7</u> City <u>FORT WALTON BEACH</u> <u>FL</u> Zip Code <u>32548</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		RAYMOND F. NEWMAN, JR.		<u>2-14-07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <input checked="" type="checkbox"/> Delete NAME <u>RINKE, ROBERT</u> STREET ADDRESS <u>TEN PORTOFINO DR</u> CITY-ST-ZIP <u>PENSACOLA BEACH, FL 32561</u>	TITLE <input checked="" type="checkbox"/> Delete NAME <u>DVS</u> STREET ADDRESS <u>TEN PORTOFINO DR</u> CITY-ST-ZIP <u>PENSACOLA BEACH, FL 32561</u>		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <u>JOHN DAVIDSON</u> STREET ADDRESS <u>1 LA CARIBE DR.</u> CITY-ST-ZIP <u>PENSACOLA BEACH, FL 32561</u>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <u>VICE PRESIDENT</u> STREET ADDRESS <u>CHUCK CADDEN</u> CITY-ST-ZIP <u>2410 BLUFFS CIRCLE</u> <u>PENSACOLA, FL 32503</u>	
TITLE <input checked="" type="checkbox"/> Delete NAME <u>LEVIN, ALLEN R</u> STREET ADDRESS <u>TEN PORTOFINO DR</u> CITY-ST-ZIP <u>PENSACOLA BEACH, FL 32561</u>	TITLE <input checked="" type="checkbox"/> Delete NAME <u>D</u> STREET ADDRESS <u>LEVIN, TERI</u> CITY-ST-ZIP <u>TEN PORTOFINO DR</u> <u>PENSACOLA BEACH, FL 32561</u>		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <u>TRUSTEE</u> STREET ADDRESS <u>RICK IRIZARRY</u> CITY-ST-ZIP <u>5 SPRINGHILL TRACE</u> <u>MOBILE, AL. 36608</u>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <u>SECRETARY</u> STREET ADDRESS <u>T. MAX SCROGGIN</u> CITY-ST-ZIP <u>4872 HICKORY SHORES BLVD</u> <u>GOLF BREEZE, FL 32563</u>	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <u>DIRECTOR</u> STREET ADDRESS <u>STEVE CLAWS</u> CITY-ST-ZIP <u>800 FORT PICKENS ROAD</u> <u>PENSACOLA BEACH, FL 32561</u>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <u>DIRECTOR</u> STREET ADDRESS <u>PAT HENSON</u> CITY-ST-ZIP <u>P.O. BOX 729</u> <u>GUIN, AL 35563-0729</u>	
TITLE <input type="checkbox"/> Delete NAME <u>DIRECTOR</u> STREET ADDRESS <u>PAM KENKEL</u> CITY-ST-ZIP <u>16199 CLAYTON HOLLOW LANE</u> <u>CHESTERFIELD, MO. 63005</u>					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			<u>2-14-07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		