

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90020 044 ****61.25

DOCUMENT # N03000009656 1. Entity Name PORTOFINO TOWER FOUR HOMEOWNERS ASSOCIATION AT PENSACOLA BEACH, INC.	
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Principal Place of Business TEN PORTOFINO DRIVE PENSACOLA BEACH, FL 32561	Mailing Address TEN PORTOFINO DRIVE PENSACOLA BEACH, FL 32561
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DO NOT WRITE IN THIS SPACE



07052005 No Chg-NP CR2E037 (10/03)

4. FEI Number <i>Applied for</i> NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CAMPBELL, JAMES S 501 COMMENDENCIA ST. PENSACOLA BCH, FL 32502	DO NOT WRITE IN THIS SPACE
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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.

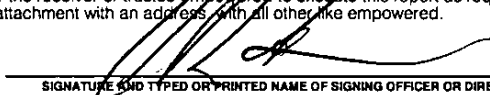
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD RINKE, ROBERT TEN PORTOFINO DRIVE PENSACOLA BEACH, FL 32561
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD LEVIN, ALLEN R TEN PORTOFINO DRIVE PENSACOLA BEACH, FL 32561
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEVIN, TERI TEN PORTOFINO DRIVE PENSACOLA BEACH, FL 32561
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **7/5/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #