

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90013 037 \*\*\*\*61.25

40057709



<b>DOCUMENT # N03000009656</b>					
<b>1. Entity Name</b> PORTOFINO TOWER FOUR HOMEOWNERS ASSOCIATION AT PENSACOLA BEACH, INC.					
<b>Principal Place of Business</b> TEN PORTOFINO DRIVE PENSACOLA BEACH, FL 32561			<b>Mailing Address</b> TEN PORTOFINO DRIVE PENSACOLA BEACH, FL 32561		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-4263183	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  NEWMAN, JR., RAYMOND F 348 MIRACLE STRIP PKWY SUITE 7 FORT WALTON BEACH, FL 32548			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to:</b> Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <input type="checkbox"/> Delete NEAL, ANNA B 18446 E. VILAGE WAY DRIVE BATON ROUGE, LA 70810				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <input type="checkbox"/> Delete WILLIAMS, RON FOUR PORTOFINO DRIVE-1404 PENSACOLA BEACH, FL 32561				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <input type="checkbox"/> Delete COX, JIM 229 SABINE DR PENSACOLA BEACH, FL 32561				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <input checked="" type="checkbox"/> Delete MCCORMICK, DENNIS 8421 HUNTERS HORN GERMANTOWN, TN 38138				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete KRACHECK, JOE FOUR PORTOFINO DRIVE-1004 PENSACOLA BEACH, FL 32561				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete DELONG, PAT 642 SOUTHERN WAY SPANISH FORT, AL 36527				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>O</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Neal, Anna 18446 E. Village Way Dr. Baton Rouge, LA 70810				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>O</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition Simpson, David P.O. Box 1439 Gulf Breeze, FL 32561				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kracheck, Joe Four Portofino Dr. Unit 1004 Pensacola Beach, FL 32561				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>O</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition Tinsley, Paul 3014 Shearwater Dr. Navarre, FL 32566				
<b>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.</b>					
<b>SIGNATURE:</b> <u>Richard Ball - Director of Associations</u> <u>2/19/08</u> <u>916-3346</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					