2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009656

FILED Apr 29, 2009 Secretary of State

Entity Name: PORTOFINO TOWER FOUR HOMEOWNERS ASSOCIATION AT PENSACOLA BEACH, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	TOFINO DRIV DLA BEACH, F				
Current Mailing Address:			New Maili	New Mailing Address:	
	TOFINO DRIV DLA BEACH, F				
FEI Number	: 20-4263183	FEI Number Applied For()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
348 MIRA SUITE 7	I, JR., RAYMC CLE STRIP PH ALTON BEACH				
	e named entity e of Florida.	submits this statement for the	ourpose of changing it	ts registered office or registered agent, or both,	
SIGNATU	RE:				
	Electro	onic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	NEAL, ANNA) Delete .AGE WAY DR. 5E, LA 70810	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WILLIAMS, RO) Delete ON DFINO DRIVE-1404 BEACH, FL 32561	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	COX, JIM 229 SABINE D) Delete DR BEACH, FL 32561	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (SIMPSON, DA P.O. BOX 143 GULF BREEZ	9	Title: Name: Address: City-St-Zip:	D (X) Change () Addition CRENSHAW, DAVE 8910 BAYVIEW CT GAINSVILLE, GA 30506	
Title:	KRACHECK,) Delete JOE DFINO DR. UNIT 1004 BEACH, FL 32561	Title: Name: Address: City-St-Zip:	P (X) Change () Addition KRACHECK, JOE FOUR PORTOFINO DR. UNIT 1004 PENSACOLA BEACH, FL 32561	
Name: Address: City-St-Zip:	PENSACOLA				

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: MICHELLE L ABRAMS, CONTROLLER CONT 04/29/2009