


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90029 015 \*\*\*\*61.25

<b>DOCUMENT # N04000002451</b> 1. Entity Name <b>PORTA AL MARE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>150 NE 6TH AVE. UNIT I DELRAY BEACH, FL 33483 US</b>			Mailing Address <b>150 NE 6TH AVE. UNIT I DELRAY BEACH, FL 33483 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2328 S. CONGRESS AVENUE</b>		3. Mailing Address <b>2328 S. CONGRESS AVENUE</b>			
Suite, Apt. #, etc. <b>SUITE 2A</b>		Suite, Apt. #, etc. <b>SUITE 2A</b>			
City & State <b>WEST PALM BEACH, FL</b>		City & State <b>WEST PALM BEACH, FL</b>			
Zip <b>33406</b>	Country <b>USA</b>	Zip <b>33406</b>	Country <b>USA</b>	4. FEI Number <b>20-1014267</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CISCO, OWEN G 150 NE 6TH AVE. UNIT I DELRAY BEACH, FL 33483</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CISCO, MARY JO 150 NE 6TH AVE., UNIT I DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CISCO, MARY 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALANGA, JOANNE 150 NE 6TH AVE., UNIT O DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MALANGA, JOANNE 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKEL, BRETT 150 NE 6TH AVE., UNIT L DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANKEL, BRETT 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4.7.07</b> Daytime Phone # _____		