

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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FILED


07 AUG 15 PM 5:03

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000001514 1. Entity Name EL PORTAL HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 112 NE 88 ST LAW OFFICES OF ANDREW DICKMAN P.A. EL PORTAL, FL 33138			Mailing Address P.O. BOX 771390 NAPLES, FL 34108		
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 55-0894333	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDREW DICKMAN, P.A. 112 NE 88 ST EL PORTAL, FL 33138				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	P MORE, ANA 172 NW 90 ST EL PORTAL, FL 33150	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOVELLO, PETER 488 NE 90 ST EL PORTAL, FL 33138	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. MATHIS, HAROLD 420 NE 90 ST EL PORTAL, FL 33138	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LENO, KEVIN 150 NE 88 ST EL PORTAL, FL 33138	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
D Ray Infante 177 NE 88 St. El Portal, FL 33138		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
D Tony Moreno 249 NW 86 St El Portal, FL 33131		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
D Ray Trujillo 263 NE 86 St El Portal, FL 33138		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
D Julie Trujillo 263 NE 86 St El Portal, FL 33138		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
D Todd Warnock 8760 NE 2 Avenue El Portal, FL 33138		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
D PJ Mills 166 NE 90 St El Portal, FL 33138		<input type="checkbox"/> Change <input checked="" 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.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone #	

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City & State		City & State			
Zip		Country		Zip	
4. FEI Number 55-0894333				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ANDREW DICKMAN, P.A. 112 NE 88 ST EL PORTAL, FL 33138			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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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 checked="" type="checkbox"/> Addition S Patty Brower 61 NE 88 St. El Portal, FL 33138	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S Hugh Gladwin 400 NE 85 St. El Portal, FL 33138	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Mathis, Harold 420 NE 90 St El Portal, FL 33138	
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 	
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SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					