2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N05000005658

Entity Name: PORTOFINO TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

597 COREY AVE.
ST. PETE BCH, FL

New Principal Place of Business:

599 COREY AVE.
ST. PETE BCH, FL 33706 US

Current Mailing Address:

597 COREY AVE.
ST. PETE BCH, FL

New Mailing Address:

599 COREY AVE.
ST. PETE BCH, FL 33706 US

FEI Number: 59-3808965 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOUGLASS, ROBERT A
597 COREY AVE.
ST. PETE BCH, FL US

Name and Address of New Registered Agent:

DOUGLASS, ROBERT A
599 COREY AVE.
ST. PETE BCH, FL 33706 US

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.

SIGNATURE: _____ 03/24/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DOUGLAS, ROBERT A
Address: 597 COREY AVE.
City-St-Zip: ST. PETE BCH, FL

Title: VD ( ) Delete
Name: WADSWORTH, JUDY K
Address: 597 COREY AVE.
City-St-Zip: ST. PETE BCH, FL

Title: STD ( ) Delete
Name: WADSWORTH, LON C
Address: 597 COREY AVE.
City-St-Zip: ST. PETE BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DOUGLAS, ROBERT A
Address: 599 COREY AVE.
City-St-Zip: ST. PETE BCH, FL

Title: VD (X) Change ( ) Addition
Name: WADSWORTH, JUDY K
Address: 599 COREY AVE.
City-St-Zip: ST. PETE BCH, FL 33706 US

Title: STD (X) Change ( ) Addition
Name: WADSWORTH, LON C
Address: 599 COREY AVE.
City-St-Zip: ST. PETE BCH, FL 33706 US

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: ROBERT A. DOUGLASS PD 03/24/2009
Electronic Signature of Signing Officer or Director — Date