

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009874

FILED
Mar 09, 2009
Secretary of State

Entity Name: PORTOFINO AT PONTE VEDRA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-4718175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WARD, MITCHELL
Address: 145 HIDDEN PALMS LN #101
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD () Delete
Name: KIRK, BRAD
Address: 9241 SUNRISE BREEZE CT
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD () Delete
Name: GEORGE, ANNETTE
Address: 162 HIDDEN PALMS LN #201
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD () Delete
Name: PELLE, PHILIP
Address: 910 BROOKWOOD RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: OTROK, MICHAEL
Address: 182 SEA HAMMOCK WAY
City-St-Zip: PONTE VEDRA, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GIANNINI, DAN
Address: 870 POWERS LAKE DR NW
City-St-Zip: ATLANTA, GA 30327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAN GIANNINI

PD

03/09/2009

Electronic Signature of Signing Officer or Director

Date