


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
17 Mar 03, 2008 8:00 am
Secretary of State

01-28-2008 90064 001 ***183.75

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1. Entity Name
PORTER PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
ONE SOUTH OCEAN BLVD
STE 308
BOCA RATON, FL 33432

Mailing Address
ONE SOUTH OCEAN BLVD
STE 308
BOCA RATON, FL 33432



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01082008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-4840725 Applied For
APPLIED FOR-- Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PINSON, SAMUEL H III
ONE SOUTH OCEAN BLVD
STE 308
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when releasing)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> Delete
NAME	SUAREZ, DENNIS
STREET ADDRESS	ONE SOUTH OCEAN BLVD - STE-308 <u>308</u>
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	VPO <input type="checkbox"/> Delete
NAME	YONCE, KATHLEEN M
STREET ADDRESS	ONE SOUTH OCEAN BLVD - STE-308 <u>308</u>
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	STD <input type="checkbox"/> Delete
NAME	PINSON, SAMUEL H III
STREET ADDRESS	ONE SOUTH OCEAN BLVD - STE-308 <u>308</u>
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Kathleen Yonce 01/09/08 5613911292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #