

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 15, 2012
Secretary of State

DOCUMENT# N21315

Entity Name: PORPOISE POINT REEL AND RACQUET CLUB HOME OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**24 JADE DRIVE
UNIT 8
KEY WEST, FL 33040 US**New Principal Place of Business:**24 JADE DRIVE
KEY WEST, FL 33040 US**Current Mailing Address:**24 JADE DRIVE
UNIT 8
KEY WEST, FL 33040 US**New Mailing Address:**P O BOX 5542
KEY WEST, FL 33045 US**FEI Number:** 59-2914029**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MAGNER, WILLIAM A
24 JADE DRIVE
UNIT 8
KEY WEST, FL 33040 US**Name and Address of New Registered Agent:**BLADES, MICHELLE B
24 JADE DRIVE
UNIT 14
KEY WEST, FL 33040 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: MICHELLE BLADES

08/15/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: JIOVANI, CRAIG
Address: 2 JAY LANE
City-St-Zip: KEY WEST, FL 33040 US

Title: VP
Name: TENAGLIA-RYAN, ANNA
Address: 24 JADE DR. #15
City-St-Zip: KEY WEST, FL 33040

Title: T
Name: BLADES, MICHELLE
Address: 24 JADE DR #14
City-St-Zip: KEY WEST, FL 33040 US

Title: S
Name: STEWART, RACHAEL
Address: 24 JADE DRIVE #10
City-St-Zip: KEY WEST, FL 33040 US

Title: D
Name: BOROS, BRUCE
Address: 24 JADE DRIVE #4
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE BLADES

TREA

08/15/2012

Electronic Signature of Signing Officer or Director

Date