

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 02, 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  
KEY WEST, FL 33040 US**New Principal Place of Business:****Current Mailing Address:**P O BOX 5542  
KEY WEST, FL 33045 US**New Mailing Address:****FEI Number:** 59-2914029**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BLADES, MICHELLE B  
24 JADE DRIVE  
UNIT 14  
KEY WEST, FL 33040 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: PRES  
Name: JIOVANI, CRAIG  
Address: 2 JAY LANE  
City-St-Zip: KEY WEST, FL 33040 US

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

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

Title: D  
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

09/02/2012

Electronic Signature of Signing Officer or Director

Date