

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 150033

FILED
Jan 27, 2008
Secretary of State

Entity Name: PORT OF CALL TOWNHOUSES HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

143 AREGOOD LANE
D-1
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

143 AREGOOD LANE
D-1
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: 65-0500787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNICKERBOCKER, WILLIAM
143 AREGOOD LANE
D-1
ISLAMORADA, FL 33036 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: P () Delete
Name: MAXWELL, WANE
Address: 4796 SOMMERVILLE RD
City-St-Zip: OXFORD, OH 45056

Title: S () Delete
Name: KNICKERBOCKER, BILL
Address: 143 AREGOOD LANE D-1
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: SWIFT, J P
Address: 379 E 21 STREET
City-St-Zip: COSTA MESA, CA 92627

Title: D () Delete
Name: SCHRIBER, RICHARD
Address: 54 E 8TH ST, APT 6E
City-St-Zip: NEW YORK, NY 10003

Title: D () Delete
Name: GONZALES, ENRIQUE
Address: 1521 ALEGRINO AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: SCHUBBE, DEBBIE
Address: 2817 BITTER ROOT CT
City-St-Zip: PLANO, TX 75026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: D (X) Change () Addition
Name: SCHRIBER, RICHARD
Address: 3145 JACKSON AVE
City-St-Zip: MIAMI, FL 33133

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: WILLIAM KNICKEROCKER

TREA

01/27/2008

Electronic Signature of Signing Officer or Director

Date