2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000541

FILED Jun 26, 2009 Secretary of State

Entity Name: PORT ROYAL NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 777 S. HARBOUR ISLAND BLVD SUITE 270 TAMPA, FL 33602 **New Mailing Address: Current Mailing Address:** 777 S. HARBOUR ISLAND BLVD SUITE 270 TAMPA, FL 33602 US FEI Number: 59-3295277 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONDOMINIUM ASSOCIATES CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR, #200 3001 EXECUTIVE DR, #260 CLEARWATER, FL 33762 CLEARWATER, FL 33762 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: 06/26/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete EVANOFF, RITA Name: Name: 1021 ROYAL PASS RD. Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: () Delete Title: (X) Change () Addition SORORA, STEVE Name: Name: SCHLINGMAN, DAVID Address: 1028 ROYAL PASS RD. Address: 1039 ROYAL PASS RD. City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602 Title: () Delete Title: () Change () Addition RACHELSON, SAUL Name: Name: 1009 ROYAL PASS RD. Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: () Delete Title: Title: S/T (X) Change () Addition RACHELSON, SAUL Name: Name: WEISSER, RONALD 1009 ROYAL PASS RD 1014 ROYAL PASS RD Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602 Title: Title: (X) Delete () Change () Addition EVANOFF, RITA Name: Name: 1021 ROYAL PASS RD Address: Address: City-St-Zip: TAMPA, FL 33602 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: RITA EVANOFF PRES 06/26/2009