

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000055

FILED
Apr 29, 2009
Secretary of State

Entity Name: PORTO VECCHIO PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 65-0719140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PORTO VECCHIO PROPERTY OWNERS' ASOC., INC
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 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: PD () Delete
Name: PRESSER, LARRY
Address: 7646 PORTO VECCHIO WAY
City-St-Zip: DELRAY BEACH, FL 33446

Title: T () Delete
Name: LEVINE, LARRY
Address: 7511 PORTO VECCHIO PLACE
City-St-Zip: DELRAY BEACH, FL 33446

Title: S () Delete
Name: ZADOFF, MICHAEL
Address: 7615 PATO VEECHIO PLACE
City-St-Zip: DELRAY BEACH, FL 33446

Title: D () Delete
Name: HARVEY, KANE
Address: 7495 PORTO VEECHIO PLACE
City-St-Zip: DELRAY BEACH, FL 33446

Title: D () Delete
Name: COLE, GENE
Address: 7680 PORTO VECCHIO PLACE
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LEVINE, LARRY
Address: 7511 PORTO VECCHIO PLACE
City-St-Zip: DELRAY BEACH, FL 33446

Title: T (X) Change () Addition
Name: ZADOFF, MICHAEL
Address: 7615 PATO VEECHIO PLACE
City-St-Zip: DELRAY BEACH, FL 33446

Title: S (X) Change () Addition
Name: HARVEY, KANE
Address: 7495 PORTO VEECHIO PLACE
City-St-Zip: DELRAY BEACH, FL 33446

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: LARRY PRESSER

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date