

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000000485

1. Entity Name

**PORTOFINO AT PELICAN MARSH HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

**1354 VIA PORTOFINO ROAD
NAPLES FL 34108
US**

Mailing Address

**2335 9TH ST. N.
STE. 505
NAPLES FL 34103
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3346696

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GULF VIEW PROPERTY MGMT
2335 9TH STREET N
SUITE 505
NAPLES FL 34103**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
POKORNE, LESTER
1481 VIA PORTOFINO
NAPLES FL 34108** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
HENDY, ALLAN
1405 VIA PORTOFINO
NAPLES FL 34108** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**U00000530905
05/06/06-80016-021 61.25** ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
ROBERTS, JANE
1474 VIA PORTOFINO
NAPLES FL 34108** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GRIECO, VICKI
1435 VIA PORTOFINO
NAPLES FL 34108** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
CRISS, ROGER
1462 VIA PORTOFINO
NAPLES FL 34108** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Roger Criss

Roger Criss

President + Director

Apr 15 2006

239-254-09