

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000485

FILED
Apr 15, 2009
Secretary of State

Entity Name: PORTOFINO AT PELICAN MARSH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1354 VIA PORTOFINO ROAD
NAPLES, FL 34108 US

New Principal Place of Business:

1354 VIA PORTOFINO
NAPLES, FL 34108 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3346696 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GULF VIEW PROPERTY MGMT
2335 9TH STREET N
SUITE 505
NAPLES, FL 34103 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: TD () Delete
Name: POKORNE, LESTER
Address: 1481 VIA PORTOFINO
City-St-Zip: NAPLES, FL 34108

Title: VPD () Delete
Name: HENDY, ALLAN
Address: 1405 VIA PORTOFINO
City-St-Zip: NAPLES, FL 34108

Title: SD () Delete
Name: ROBERTS, JANE
Address: 1474 VIA PORTOFINO
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: BENNETT, JACQUELYN
Address: 1288 VIA PORTOFINO
City-St-Zip: NAPLES, FL 34108

Title: PD () Delete
Name: CRISS, ROGER
Address: 1462 VIA PORTOFINO
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: PATTERSON, MAX
Address: 1414 VIA PORTOFINO
City-St-Zip: NAPLES, FL 34108

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: ROGER CRISS

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date