

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000002947**

1. Entity Name

PORTOFINO HOMEOWNERS ASSOCIATION AT PENSACOLA BE

Principal Place of Business

C/O JAMES S. CAMPBELL, ESQ.
3 WEST GARDEN STREET 7TH FLOOR
PENSACOLA FL 32501

Mailing Address

C/O JAMES S. CAMPBELL, ESQ.
3 WEST GARDEN STREET 7TH FLOOR
PENSACOLA FL 32501

2. Principal Place of Business

2200 Via Deluna Drive

3. Mailing Address

2200 Via Deluna Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, Beach, Florida

City & State

Pensacola Beach, Florida

4. FEI Number

59-3635689

Applied For

Not Applicable

Zip
32561Country
USAZip
32561Country
USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOKMANYA, INC.
C/O PACIFIC PHOTOCOPY & RESEARCH SERVICE
1018 THOMASVILLE ROAD STE B-200
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name

James S. Campbell, Beggs & Lane

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

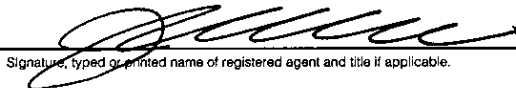
3 West Garden Street, 7th floor

City

Pensacola**FL**Zip Code
32501

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.

SIGNATURE

**James S. Campbell****1/25/01**

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**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **LEVIN, ALLEN R**
STREET ADDRESS **2200 VIA DELUNA DRIVE**
CITY-ST-ZIP **PENSACOLA BEACH FL**TITLE **D** ☐ Delete
NAME **RINKE, ROBERT L**
STREET ADDRESS **2200 VIA DELUNA DRIVE**
CITY-ST-ZIP **PENSACOLA BEACH FL**TITLE **D** ☐ Delete
NAME **LEVIN, TERESA**
STREET ADDRESS **2200 VIA DELUNA DRIVE**
CITY-ST-ZIP **PENSACOLA BEACH FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED**Allen R. Levin, Director****1/25/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90078 001 ***245.00

66237

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)