

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002947

FILED  
Apr 13, 2004  
Secretary of State

**Entity Name:** PORTOFINO HOMEOWNERS ASSOCIATION AT PENSACOLA BEACH, INC.

**Current Principal Place of Business:**

TEN PORTFINO DR  
PENSACOLA, FL 32561

**New Principal Place of Business:**

TEN PORTOFINO DR  
PENSACOLA BEACH, FL 32561

**Current Mailing Address:**

TEN PORTFINO DR  
PENSACOLA, FL 32561

**New Mailing Address:**

TEN PORTOFINO DR  
PENSACOLA BEACH, FL 32561

**FEI Number:** 59-3635689

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAMPBELL, JAMES S  
501 COMMENDENCIA STREET  
PENSACOLA, FL 32501 US

**Name and Address of New Registered Agent:**

CAMPBELL, JAMES S  
501 COMMENDENCIA STREET  
PENSACOLA, FL 32502 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: JAMES S. CAMPBELL

04/13/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LEVIN, ALLEN R  
Address: TEN PORTOFINO DR  
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete  
Name: RINKE, ROBERT L  
Address: TEN PORTOFINO DR  
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete  
Name: LEVIN, TERESA  
Address: TEN PORTOFINO DR  
City-St-Zip: GULF BREEZE, FL 32561

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: LEVIN, ALLEN R  
Address: TEN PORTOFINO DR  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D (X) Change ( ) Addition  
Name: RINKE, ROBERT L  
Address: TEN PORTOFINO DR  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D (X) Change ( ) Addition  
Name: LEVIN, TERESA  
Address: TEN PORTOFINO DR  
City-St-Zip: PENSACOLA BEACH, FL 32561

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT L. RINKE

D

04/13/2004

Electronic Signature of Signing Officer or Director

Date