

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90169 001 \*\*\*367.50

**DOCUMENT # N98000002947**

1. Entity Name

**PORTOFINO HOMEOWNERS ASSOCIATION AT PENSACOLA BEACH, INC.**



Principal Place of Business

2200 VIA DELUNA DRIVE  
PENSACOLA FL 32561

Mailing Address

2200 VIA DELUNA DRIVE  
PENSACOLA FL 32561

2. Principal Place of Business

Ten Portofino Dr.  
Suite, Apt. #, etc.

3. Mailing Address

Ten Portofino Dr.  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Pensacola Beach, FL

City & State

Pensacola Beach, FL

4. FEI Number 59-3635689

Applied For

Not Applicable

Zip

32561

Country

Zip

32561

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, JAMES S  
BEGGS AND LANE  
3 WEST GARDEN STREET 7TH FLOOR  
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

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

501 Commendencia St.

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. 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**

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

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-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		Change	Addition
NAME	Ten Portofino Dr.		
STREET ADDRESS	Pensacola Beach, FL		
CITY-ST-ZIP	32561		
TITLE		Change	Addition
NAME	Ten Portofino Dr.		
STREET ADDRESS	Pensacola Beach, FL		
CITY-ST-ZIP	32561		
TITLE		Change	Addition
NAME	Ten Portofino Dr.		
STREET ADDRESS	Pensacola Beach, FL		
CITY-ST-ZIP	32561		
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/03

Date

(850) 916-5050

Daytime Phone

CR2E037 (10/02)