## N95000002950

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MH SEP 29 PK 4: 34



To:

## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 6, 2017

JAMES S. CAMPBELL BYRD CAMPBELL, P.A. 180 PARK AVENUE NORTH, SUITE 2A WINTER PARK, FL 32789

SUBJECT: PORTOFINO MASTER HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N98000002950

We have received your document for PORTOFINO MASTER HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$450.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Letter Number: 717A00018389

Cheryl R McNair Regulatory Specialist II

www.sunbiz.org

From: Amy Manning Fax: (850) 308-7125 To: Fav: (850) 245-6897 Page 2 of 32 09/29/2017 3:30 PM



## FACSIMILE COVER SHEET

DATE: September 29, 2017

TO: Division of Corporations

Attention: Ms. Cheryl R. McNair

Fax #850-245-6897

FROM: Amy Manning

Florida Registered Paralegal

to James S. Campbell Byrd Campbell, P.A. (850) 308-7440 (850) 308-7441 Fax

amanning@bvrdcampbell.com

REGARDING: Change of Registered Agent

NO. OF PAGES (INCLUDING COVER SHEET): 31

MESSAGE: Please see attached and confirm receipt via email. Thank you!

Please note: If you do not receive all of the pages, please call Amy immediately at the number above.

The information contained in this facsimile message and all attachments transmitted with it may contain LEGALLY PRIVILEGED AND CONFIDENTIAL INFORMATION intended solely for the use of the addressee. If the reader of this message is not the intended recipient, you are hereby notified that any reading, dissemination, distribution, copying or other use of this message or its attachments is strictly prohibited. If you have received this message in error, please return to sender and delete this message and all copies and backups thereof.

2017 SEP 29 PH 4: 34

PENSACOLA Phone: (850) 303-7440 By appointment only

2811 SEP 29 PM 14: 31

**COVER LETTER** 

TO:

Amendment Section Division of Corporations

Portofino Master Homeowners Association, Inc.

Name of Corporation

N98000002950

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

To:

James S. Campbell

Name of Contact Person

Byrd Campbell, P.A.

180 Park Avenue North, Suite 2A

Winter Park, FL 32789
City/State and Zip Code

jcampbell@byrdcampbell.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James S. Campbell

Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

To:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Florida	
		or registered agent, or both, in the State of Florida.	_
1. The name of	the corporation: Portofino Ma	aster Homeowners Association, Inc.	
2. The principa	l office address: Ten Portofin	o Drive, Pensacola Beach, FL 32561	
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 5/22/19	998 Document number: N98000002950	
5. The name ar Florida Depa	nd street address of the current regi artment of State: (If resigned, enter	istered agent and registered office on file with the resigned)	
	James S. Campbell / B	eggs & Lane, RLLP	
	501 Commendencia St	reet	
	Pensacola, FL 32502		en s
6. The name an (if changed):	d street address of the new registe	red agent (if changed) and /or registered office	2011 SEP 29
	James S. Campbell / B	yrd Campbell, P.A.	*
	180 Park Avenue North		\$
	Winter Park, FL 32789	Box NOT acceptable	() ()
The street addr	ess of its registered office and the	e street address of the business office of its registered a	gent,
		adopted by its board of directors or by an officer so seen notified in writing of the change.	
Signal	ure of an officer or director	Robert Rinke	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered as to comply with the provisions of my duties, and I am familiar with is document is being filed merely that the corporation has been no	gent and agree to act in this capacity, all statutes relative to the proper and complete h and accept the obligation of my position as registered to reflect a change in the registered office address, I nifled in writing of this change.	1
	7///	9/29/17	
	thalf of an entity:	Date	<del></del>
James S. (	•		
	yprd or Printed Name	•	

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)