

# 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 # N98000002951**

1. Entity Name

**PORTOFINO ISLAND RESORTS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**2200 VIA DELUNA DRIVE  
PENSACOLA FL 32501**

**2200 VIA DELUNA DRIVE  
PENSACOLA FL 32501**

2. Principal Place of Business

*Ten Portofino Drive*  
Suite, Apt. #, etc.

3. Mailing Address

*Ten Portofino Drive*  
Suite, Apt. #, etc.

City & State

*Pensacola Beach, FL*  
Zip *32561* Country

City & State

*Pensacola Beach, FL*  
Zip *32561* Country

4. FEI Number **59-3635691**

Applied For  
Not Applicable

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 Commen den cia 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>LEVIN, ALLEN R</b><br><b>2200 VIA DELUNA DRIVE</b><br><b>PENSACOLA BEACH FL</b>  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>LEVIN, TERESA</b><br><b>2200 VIA DELUNA DRIVE</b><br><b>PENSACOLA BEACH FL</b>   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>RINKE, ROBERT L</b><br><b>2200 VIA DELUNA DRIVE</b><br><b>PENSACOLA BEACH FL</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><i>Ten Portofino Dr.</i><br><i>Pensacola Beach, FL 32561</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><i>Ten Portofino Dr.</i><br><i>Pensacola Beach, FL 32561</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><i>Ten Portofino Dr.</i><br><i>Pensacola Beach, FL 32561</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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, typed or printed name of signing officer or director)

*2/17/03* (850) 916-5050

Daytime Phone #

CR2E037 (10/02)