2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000389

FILED Apr 29, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: TWO PORTOFINO DR PENSACOLA BEACH, FL 32561 **Current Mailing Address: New Mailing Address:** TEN PORTOFINO DR PENSACOLA BEACH, FL 32561 FEI Number: 59-3709998 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NEWMAN, RAYMOND F JR 348 MIRACLE STRIP PKWY SUITE 7 FORT WALTON BEACH, FL 32548 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RUSTON, JIM Name: Name: 1809 KELLY COURT Address: Address: City-St-Zip: CHICAGO, IL 60614 City-St-Zip: Title: () Delete Title: (X) Change () Addition JOHNSON, JOHNNY Name: COTE, JOHN Name: Address: 2 PORTOFINO DR. UNIT 803 Address: 900 DOWNSHIRE CHASE City-St-Zip: PENSECOLA BEACH, FL 32561 City-St-Zip: VIRGINIA BEACH, VA 23452 Title: () Delete Title: (X) Change () Addition STARNS, MARION III SCRUGGS, TERRY Name: Name: 1001 IDA STREET 4618 WHISPER LANE Address: Address: City-St-Zip: MORGAN CITY, LA 70380 City-St-Zip: PENSACOLA, FL 32504 Title: () Delete Title: (X) Change () Addition Name: CHURCH, GENE Name: CHURCH, GENE 2 PORTOFINO DR UNIT 1704 2 PORTOFINO DR UNIT 1704 Address: Address: City-St-Zip: PENSACOLA BEACH, FL 32561 City-St-Zip: PENSACOLA BEACH, FL 32561 Title: () Delete Title: (X) Change () Addition MAYER, RAOUL DR DE ARMON, TED Name: Name: 4200 FALLS RIDGE DR 2 PORTOFINO DR UNIT 2002 Address: Address: City-St-Zip: ALPHARETTA, GA 30022 City-St-Zip: PENSACOLA BEACH, FL 32561 Title: () Delete Title: () Change () Addition HAMMOND, JON Name: Name: Address: TWO PRTOFINO DR, UNIT 907 Address: PENSACOLA BEACH, FL 32561 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHELLE L ABRAMS, CONTROLLER CONT 04/29/2009