2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000390

FILED Apr 29, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: TEN PORTOFINO DR PENSACOLA BEACH, FL 32561 **Current Mailing Address: New Mailing Address:** TEN PORTOFINO DR PENSACOLA BEACH, FL 32561 FEI Number: 59-3709996 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 COX, JIM Name: Name: 229 SABINE DR. Address: Address: City-St-Zip: PENSACOLA BEACH, FL 32561 City-St-Zip: Title: Title: () Delete () Change () Addition LENZER, JOHN Name: Name: Address: 619 DUFF ROAD Address: City-St-Zip: SEWICKLEY, PA 15143 City-St-Zip: Title: () Delete Title: (X) Change () Addition DAVIDSON, JOHN MYRICK, JOHN Name: Name: 1 LA CARIBE DR. 225 W DESOTO STREET Address: Address: City-St-Zip: PENSACOLA BEACH, FL 32561 City-St-Zip: PENSACOLA, FL 32501 Title: () Delete Title: (X) Change () Addition Name: HAUSMAN, LOIS Name: HAUSMAN, LOIS 850 FORHT DICKENS RD. APT 910 850 FORT DICKENS RD. APT 910 Address: Address: City-St-Zip: PENSACOLA BEACH, FL 332561 City-St-Zip: PENSACOLA BEACH, FL 332561 Title: () Delete Title: (X) Change () Addition DAVIS, ROBERT DAVIS, ROBERT Name: Name: 4871 RIVER FARM RD 1 PORTOFINO DR UNIT 601 Address: Address: City-St-Zip: MARIETTA, GA 30068 City-St-Zip: PENSACOLA BEACH, FL 32561 Title: () Delete Title: () Change () Addition GORMAN, STEPHEN Name: Name: Address: 2555 N CLARK ST Address: CHICAGO, IL 60614 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