

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000390

FILED  
Feb 14, 2012  
Secretary of State

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

**Current Principal Place of Business:**

ONE PORTOFINO DR  
PENSACOLA BEACH, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

TEN PORTOFINO DR  
PENSACOLA BEACH, FL 32561

**New Mailing Address:**

**FEI Number:** 59-3709996

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEWMAN, RAYMOND F JR  
348 MIRACLE STRIP PKWY SUITE 7  
FORT WALTON BEACH, FL 32548 US

**Name and Address of New Registered Agent:**

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:**

Title: DP  
Name: CUNNINGHAM, RAY  
Address: 10 PORTOFINO DR.  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: DVP  
Name: MYRICK, JOHN  
Address: 10 PORTOFINO DR.  
City-St-Zip: PENSACOLA, FL 32503

Title: DT  
Name: COX, JAMES  
Address: 10 PORTOFINO DR.  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: DS  
Name: HAUSMAN, LOIS  
Address: 10 PORTOFINO DR.  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D  
Name: GLACKIN, FRANCIS  
Address: 4871 RIVER FARM ROAD  
City-St-Zip: MARIETTA, GA 30068

I hereby 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 all other like empowered.

SIGNATURE: RAY CUNNINGHAM

DP

02/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date