

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000392

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

THREE PORTOFINO DRIVE
PENSACOLA BEACH, FL 32561

New Principal Place of Business:

Current Mailing Address:

TEN PORTOFINO DRIVE
PENSACOLA BEACH, FL 32561

New Mailing Address:

FEI Number: 59-3710000

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 PKWYH
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: P () Delete
Name: SCROGGIN, T. MAX
Address: 4872 HICKORY SHORES BLVD
City-St-Zip: GULF BREEZE, FL 32563

Title: VP () Delete
Name: NILES, ARNIE
Address: 3 PORTOFINO DRIVE 1306
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D () Delete
Name: DELL, LYNN
Address: 4850 MANOLETE STREET
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: TURNER, ROBERT W
Address: 2661 N. LINCOLN AVE.
City-St-Zip: CHICAGO, IL 60614

Title: D () Delete
Name: BROWN, LOUIS
Address: 4137 DANIEL GREEN TRAIL
City-St-Zip: SMYRNA, GA 30080

Title: T () Delete
Name: MCLAUGHLIN, MICHAEL
Address: 3 PORTOFINO DR., 1806
City-St-Zip: PENSACOLA BEACH, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: NILES, ARNIE
Address: 3 PORTOFINO DRIVE 1306
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D (X) Change () Addition
Name: DELL, LYNN
Address: 139 E GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32502

Title: VP (X) Change () Addition
Name: BYRD, JIM
Address: 904 RIO VISTA DR
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MILLER, SUE
Address: PO BOX 746
City-St-Zip: GULF BREEZE, FL 32562

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

Electronic Signature of Signing Officer or Director

Date