2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# N99000001522

Entity Name: PORTOFINO BAY COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

6335 PORTOFINO LN
MELBOURNE, FL 329407485

New Principal Place of Business:

Current Mailing Address:

6335 PORTOFINO LN
MELBOURNE, FL 329407485

New Mailing Address:

FEI Number: 59-3564390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLACK, WILLIAM R
6331 PORTOFINO LN
MELBOURNE, FL 32940 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: PD ( ) Delete
Name: COE, SHELDON
Address: 6465 GENDA TRL
City-St-Zip: MELBOURNE, FL 32940

Title: STD ( ) Delete
Name: STILES, REBECCA
Address: 6361 PORTOFINO LANE
City-St-Zip: MELBOURNE, FL 32940

Title: VD ( ) Delete
Name: BERT, ROBERT
Address: 6401 PORTOFINO LANE
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BUSSEN, BRIAN
Address: 6405 GENOA TRAIL
City-St-Zip: MELBOURNE, FL 32940

Title: STD (X) Change ( ) Addition
Name: BLACK, WILLIAM R
Address: 6331 PORTOFINO LANE
City-St-Zip: MELBOURNE, FL 32940

Title: ( ) Change ( ) Addition
Name:
Address:
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: BRIAN BUSSEN PD 03/30/2009

Electronic Signature of Signing Officer or Director — Date