

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009656

Entity Name: PORTOFINO TOWER FOUR HOMEOWNERS ASSOCIATION AT
PENSACOLA BEACH, INC.**FILED**
Jan 26, 2016
Secretary of State
CC2003757342**Current Principal Place of Business:**FOUR PORTOFINO DRIVE
PENSACOLA BEACH, FL 32561**Current Mailing Address:**TEN PORTOFINO DRIVE
PENSACOLA BEACH, FL 32561**FEI Number: 20-4263183****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NEWMAN, JR., RAYMOND F
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**Officer/Director Detail :**

Title	PRESIDENT
Name	NEAL, ANNA
Address	18466 E. VILLAGE WAY DR.
City-State-Zip:	BATON ROUGE LA 70810

Title	TREASURER
Name	MEA, ROSNER
Address	18547 ROSNER DRIVE
City-State-Zip:	CARTHAGE NY 13619

Title	SECRETARY
Name	RENNINGER, JAMES
Address	2347 OAK CT.
City-State-Zip:	ORANGE PARK FL 32073

Title	VP
Name	BILLS, AARON L
Address	6224 SANDSTONE WAY
City-State-Zip:	CLIFTON VA 20124

Title	DIRECTOR
Name	LEE, MARY
Address	4 PORTOFINO DRIVE UNIT 508
City-State-Zip:	PENSACOLA BEACH FL 32561

Title	ASSOCIATION MANAGER
Name	HARRIS, DONALD R
Address	TEN PORTOFINO DRIVE
City-State-Zip:	PENSACOLA BEACH FL 32561

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: DONALD HARRIS**ASSOCIATION MANAGER 01/26/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date