

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathem
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 7:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747550 (2)
1. Corporation Name
PORTOFINO VILLAGE I "B" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**1001 WYNMOOR CIR
COCONUT CREEK FL 33066
US** **1310 AVENUE OF THE STARS
1001 WYNMOOR CR
COCONUT CREEK FL 33066
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/08/1979	3a. Date of Last Report 03/18/1994
4. FBI Number 59-1906205	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 169.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1310 Avenue of the Stars	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Coconut Creek, Florida	City & State 28
Zip 24 33066	Country 25 USA
	Zip 29
	Country 30

9. Name and Address of Current Registered Agent
**RAVO, PAT T.
1310 AVENUE OF THE STARS
% WYNMOOR COMMUNITY COUNCIL, INC.
COCONUT CREEK FL 33066**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WAPNER, TESS 3001 G1 PORTOFINO ISLE COCONUT CREEK, FL 0	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LEWIS, AL 3001 K-2 PORTOFINO ISLE COCONUT CREEK, FL 0	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SUSSER, JERMONE 3001 F2 PORTOFINO ISLE COCONUT CREEK, FL 0	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHULMAN, PAUL 3001 H3 PORTOFINO ISLE COCONUT CREEK, FL 0	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MALBIN, MAE 3001 J2 PORTOFINO ISLE COCONUT CREEK, FL 0	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RATNER, WILLIAM 3001 E4 PORTOFINO ISLE COCONUT CREEK, FL 0	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Paul Schulman** *Paul Schulman* 1-26-95 973-7349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Within Three Months)

747550

D
Stys, Walter
3001 M-2 Portofino Isle
Coconut Creek, Florida 33066

D
Low, Stanley
3001 C-1 Portofino Isle
Coconut Creek, Florida 33066