

FILE NOW: FILING FEE IS \$61.25

FILED

**May 19 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 747550 (2)
1. Corporation Name

**PORTOFINO VILLAGE I "B" CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business Mailing Address
**1310 AVENUE OF THE STARS
COCONUT CREEK FL 33066
US** **1310 AVENUE OF THE STARS
COCONUT CREEK FL 33066-1485
US**

3. Date Incorporated or Qualified **06/08/1979** 3a. Date of Last Report **03/22/1996**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-1906205** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAVO, PAT T.
1310 AVENUE OF THE STARS
% WYNMOOR COMMUNITY COUNCIL, INC.
COCONUT CREEK FL 33066**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAPNER, TESS	1.2 NAME	
STREET ADDRESS	3001 G1 PORTOFINO ISLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 0	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOTNICK, PEGGY	2.2 NAME	
STREET ADDRESS	3001 C-2 PORTOFION ISLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 0	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSSER, JERMONE	3.2 NAME	
STREET ADDRESS	3001 F2 PORTOFINO ISLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 0	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULMAN, PAUL	4.2 NAME	
STREET ADDRESS	3001 H3 PORTOFINO ISLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 0	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHALMAN, MIRIAM	5.2 NAME	
STREET ADDRESS	3001 L-1 PORTOFINO ISLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 0	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATNER, WILLIAM	6.2 NAME	
STREET ADDRESS	3001 E4 PORTOFINO ISLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 0	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **Schulman** 2/24/97 (954) 979-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026556

CR2E037 (9/96)