

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 US	Mailing Address 1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 US
--	--

3. Date Incorporated or Qualified 06/08/1979	
4. FEI 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GOOTNICK, PEGGY		2.2 NAME	Harry Wiener
STREET ADDRESS 3001 C-2 PORTOFINO ISLE		2.3 STREET ADDRESS	3001 Portofino Isle, Apt. H-1
CITY-ST-ZIP COCONUT CREEK, FL 0		2.4 CITY-ST-ZIP	Coconut Creek, FL 33066
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 checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SCHULMAN, PAUL		4.2 NAME	Stanley Low
STREET ADDRESS 3001 H3 PORTOFINO ISLE		4.3 STREET ADDRESS	3001 Portofino Isle, Apt. C-1
CITY-ST-ZIP COCONUT CREEK, FL 0		4.4 CITY-ST-ZIP	Coconut Creek, FL 33066
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RATNER, WILLIAM		6.2 NAME	P/D
STREET ADDRESS 3001 E4 PORTOFINO ISLE		6.3 STREET ADDRESS	
CITY-ST-ZIP COCONUT CREEK, FL 0		6.4 CITY-ST-ZIP	

14. I 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: *William Ratner* **WILLIAM RATNER** 2/24/98 (954) 978-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026695

CR2E037 (10/97)