

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747550

1. Entity Name

PORTOFINO VILLAGE I "B" CONDOMINIUM ASSOCIATION,

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90009 001 \*2,695.00

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1906205

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WAPNER, TESS</b>	
STREET ADDRESS	<b>3001 G1 PORTOFINO ISLE</b>	
CITY-ST-ZIP	<b>COCONUT CREEK, FL 0</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WIENER, HARRY</b>	
STREET ADDRESS	<b>3001 PORTOFINO ISLE APT H1</b>	
CITY-ST-ZIP	<b>COCONUT CREEK, FL 0 33066</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>SUSSER, JERMONE</b>	
STREET ADDRESS	<b>3001 F2 PORTOFINO ISLE</b>	
CITY-ST-ZIP	<b>COCONUT CREEK, FL 0</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOW, STANLEY</b>	
STREET ADDRESS	<b>3001 PORTOFINO ISLE APT C-1</b>	
CITY-ST-ZIP	<b>COCONUT CREEK, FL 0 33066</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>SCHALMAN, MIRIAM</b>	
STREET ADDRESS	<b>3001 L-1 PORTOFINO ISLE</b>	
CITY-ST-ZIP	<b>COCONUT CREEK, FL 0</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>RATNER, WILLIAM</b>	
STREET ADDRESS	<b>3001 E4 PORTOFINO ISLE</b>	
CITY-ST-ZIP	<b>COCONUT CREEK, FL 0</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Paul Scholman</i>	
STREET ADDRESS	<i>3001 Portofino Isle, Apt H-3</i>	
CITY-ST-ZIP	<i>Coconut Creek, FL 33066</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Rattner, William</i>	
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William Rattner*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/29/00*  
 Date

*(954) 978-2600*  
 Daytime Phone #

CR2E037 (9/99)