

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747550

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: PORTOFINO VILLAGE I "B" CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1310 AVENUE OF THE STARS  
COCONUT CREEK, FL 33066 US

**New Principal Place of Business:**

**Current Mailing Address:**

1310 AVENUE OF THE STARS  
COCONUT CREEK, FL 33066 US

**New Mailing Address:**

FEI Number: 59-1906205      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRUCE BANDLER  
1310 AVENUE OF THE STARS  
COCONUT CREEK, FL 33066 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MILLER, RUTH  
Address: 3001 PORTOFINO ISLE APT G-2  
City-St-Zip: COCONUT CREEK, FL 33066

Title: PD ( ) Delete  
Name: CASEY, TOM  
Address: 3001 PORTOFINO ISLE, APT A-2  
City-St-Zip: COCONUT CREEK, FL 33066

Title: SD ( ) Delete  
Name: SABEL, ESTHER  
Address: 3001 PORTOFINO ISLE APT H-4  
City-St-Zip: COCONUT CREEK, FL 33066

Title: TD ( ) Delete  
Name: SCHALMAN, MIRIAM  
Address: 3001 PORTOFINO ISLE, APT L-1  
City-St-Zip: COCONUT CREEK, FL 33066

Title: VPD ( ) Delete  
Name: WINTON, DAVID  
Address: 3001 PORTOFINO ISLE, APT K-1  
City-St-Zip: COCONUT CREEK, FL 33066

Title: D ( ) Delete  
Name: GRAU, FRANK  
Address: 3001 PORTOFINO ISLE APT M-3  
City-St-Zip: COCONUT CREEK, FL 33066

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TOM CASEY

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

P

04/10/2009

\_\_\_\_\_ Date