


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91005 001 *2,695.00

DOCUMENT # 747550

1. Entity 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**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

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

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

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

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	D SCHOLMAN, PAUL <input type="checkbox"/> Delete
STREET ADDRESS	3001 PORTOFINO ISLE APT H3
CITY-ST-ZIP	COCONUT CREEK FL 33066
TITLE NAME	SD SUSSER, JERMONE <input type="checkbox"/> Delete
STREET ADDRESS	3001 F2 PORTOFINO ISLE
CITY-ST-ZIP	COCONUT CREEK, FL 0
TITLE NAME	D LOW, STANLEY <input type="checkbox"/> Delete
STREET ADDRESS	3001 PORTOFINO ISLE APT C-1
CITY-ST-ZIP	COCONUT CREEK, FL 0 33066
TITLE NAME	TD SCHALMAN, MIRIAM <input type="checkbox"/> Delete
STREET ADDRESS	3001 L-1 PORTOFINO ISLE
CITY-ST-ZIP	COCONUT CREEK, FL 0
TITLE NAME	PD RATTNER, WILLIAM <input type="checkbox"/> Delete
STREET ADDRESS	3001 E4 PORTOFINO ISLE
CITY-ST-ZIP	COCONUT CREEK FL
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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* **WILLIAM RATTNER** 1/9/03 954-978-2600

CR2E037 (10/02)