2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000006284

1. Entity Name
MURANO AT PORTOFINO CONDOMINIUM
ASSOCIATION, INC.



FILED

May 01, 2007 8:00 am Secretary of State

05-01-2007 90011 028 ****61.25

ASSOCIATION, INC.				7]		
Principal Place of Business 1000 S. POINTE DR MIAMI BEACH, FL 33139		Mailing Address 1000 S. POINTE DR MIAMI BEACH, FL 33139		₫0024aa.	1	
2 Principal C	Place of Business - No B.O. Box #	3. Mailing Address				
2. Principal Place of Business - No P.O. Box #		5. Manny Address		I IODIIITI KA ADIDI KIBA EDIK ASIII ADIA EDIA EDIA EDIA	9 (1851 13111 B)21121 31 1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03292007 Chg-NP CR2E037	7 (12/06)	
City & State		City & State		4. FEI Number 65-1135925	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	8.75 Additional ee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered A	gent	
ROGEL, DAVID			Name	Name		
5201 BLUE LAGOON DRIVE			Street Address (P.O. Box Number is Not Acceptable)			
SUITE 100 MIAMI, FL						
, - <u>-</u>			City	FL	Zip Code	
The above named entity submits this statement for the purpose of changing its registered					miliar with, and accept	
the obligat	tions of registered agent.				i	
SIGNATURE	•					
SIGNATORE	signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature req	uired when reinstaung) DATE	•	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Cor		\$5.00 May Be Added to Fees Make check Fiorida Departs		
10.	Due by May 1, 2007 OFFICERS AND DI	Trust Fund Cor		40.00 may 00	ment of State	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF ICER OR DIRECTOR

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Daytime Phone #