

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006284

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: MURANO AT PORTOFINO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1000 S. POINTE DR  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1000 S. POINTE DR  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 65-1135925

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROGEL, DAVID  
5201 BLUE LAGOON DRIVE  
SUITE 100  
MIAMI, FL 33126 US

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

ROGEL, DAVID  
121 ALHAMBRA PLAZA  
SUITE 1000  
CORAL GABLES, FL 33134 US

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:

01/08/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MANDY, STEVEN  
Address: 1000 S. POINTE DR #1404  
City-St-Zip: MIAMI BEACH, FL 33139

Title: V ( ) Delete  
Name: FIORE, ROBERT J  
Address: 1000 S. POINTE DR #2003  
City-St-Zip: MIAMI BEACH, FL 33139

Title: T ( ) Delete  
Name: LACHLER, ULRICH  
Address: 1000 S. POINTE DR #2902  
City-St-Zip: MIAMI BEACH, FL 33139

Title: S ( ) Delete  
Name: GEVAS, STEVE  
Address: 1000 S. POINTE DRIVE #1001  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: VASILIOU, BASIL  
Address: 1000 S POINTE DR  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: PERLMUTTER, MICHAEL  
Address: 1000 S. POINTE DRIVE #3701  
City-St-Zip: MIAMI BEACH, FL 33139

**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: STEVEN MANDY

P

01/08/2008

Electronic Signature of Signing Officer or Director

Date