

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005421

FILED
Mar 15, 2006
Secretary of State

Entity Name: PORTO BELLAGIO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

17100 NORTH BAY RD.
SUNNY ISLES, FL 33160

New Principal Place of Business:

Current Mailing Address:

17100 NORTH BAY RD.
SUNNY ISLES, FL 33160

New Mailing Address:

FEI Number: 20-1185439 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WARD, R. CARLTON
1253 PARK ST.
CLEARWATER, FL 33756 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: PD () Delete
Name: BIANCO, BARBARA
Address: 17100 NORTH BAY RD.
City-St-Zip: SUNNY ISLES, FL 33160

Title: TD () Delete
Name: AMDUR, LEORA
Address: 17100 NORTH BAY RD.
City-St-Zip: SUNNY ISLES, FL 33160

Title: SD () Delete
Name: GRAY, LISA
Address: 17125 NORTH BAY ROAD
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BIANCO, BARBARA
Address: 17100 NORTH BAY RD. #1908
City-St-Zip: SUNNY ISLES, FL 33160

Title: TD (X) Change () Addition
Name: AMDUR, LEORA
Address: 410 JERICHO TPKE
City-St-Zip: JERICHO, NY 11753

Title: SD (X) Change () Addition
Name: GRAY, LISA
Address: 17125 NORTH BAY ROAD #3406
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VPD () Change (X) Addition
Name: GARCELL, RALPH
Address: 17150 NORTH BAY ROAD #2114
City-St-Zip: SUNNY ISLES, FL 33160

Title: D () Change (X) Addition
Name: JOANNE, TEDONE
Address: 17100 NORTH BAY ROAD #1504
City-St-Zip: SUNNY ISLES, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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: LEORA AMDUR

TD

03/15/2006

Electronic Signature of Signing Officer or Director

_____ Date