2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005
Secretary of State

DOCUMENT# N04000009570

Entity Name: COMMUNITY ASSOCIATION FOR PORTOFINO, INC.

Current Principal Place of Business:

2801 SW ARCHER ROAD
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

2801 SW ARCHER ROAD
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 20-2222090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGRIFF, LORI
2801 SW ARCHER ROAD
GAINESVILLE, FL 32608 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: MCGRIFF, LORI
Address: 2801 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete
Name: SNOOK, ORIANNA
Address: 2801 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete
Name: HARL, TOM
Address: 2801 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MCGRIFF, LORI E
Address: 2801 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: T (X) Change ( ) Addition
Name: SNOOK, ORIANNA
Address: 2801 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: S (X) Change ( ) Addition
Name: HARL, TOM
Address: 2801 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ORIANNA J. SNOOK T 02/15/2005

Electronic Signature of Signing Officer or Director — Date