
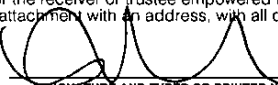


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90367 003 ****61.25

60023874

DOCUMENT # N05000003016							
1. Entity Name VILLA PORTOFINO WEST PROPERTY OWNERS ASSOCIATION, INC							
Principal Place of Business 21218 SAINT ANDREWS BOULEVARD SUITE 510 BOCA RATON, FL 33433		Mailing Address 21218 SAINT ANDREWS BOULEVARD SUITE 510 BOCA RATON, FL 33433					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 43-2080785			
				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
GREENFIELD, STEVEN B 7000 W. PALMETTO PARK RD. SUITE 402 BOCA RATON, FL 33433			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 _____ DATE _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	P,D	<input type="checkbox"/> Delete	TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VILLAMAN, NANCY		NAME	NANCY IGLESIAS			
STREET ADDRESS	21218 SAINT ANDREWS BOULEVARD		STREET ADDRESS	21218 Saint Andrews Blvd			
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	Boca Raton, FL 33433			
TITLE	VP,D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VANELLA, LORRAINE		NAME				
STREET ADDRESS	21218 SAINT ANDREWS BOULEVARD		STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP				
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CHANDLER, MARIE		NAME	GIUVANNA FORTIER			
STREET ADDRESS	21218 SAINT ANDREWS BOULEVARD		STREET ADDRESS	21218 Saint Andrews Blvd.			
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	Boca Raton, FL 33433			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: 		Date: 3/02/06		Daytime Phone # _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							