

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90115 033 ****61.25

| | | | | | |
|---|--|--|---|--|--|
| 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 - No P.O. Box # | | 3. Mailing Address <i>do the east coast at corp.</i> 11901 S.W. 144 St. Suite, Apt. #, etc. SUITE #201 | | 60003092 | |
| Suite, Apt. #, etc. | | City & State Miami FL | | 01022007 Chg-NP CR2E037 (12/06) | |
| City & State | | City & State Miami FL | | 4. FEI Number 43-2080785 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 33186 | | Country U.S. | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent GREENFIELD, STEVEN B 7000 W. PALMETTO PARK RD. SUITE 402 BOCA RATON, FL 33433 | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing <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 NAME STREET ADDRESS CITY-ST-ZIP | P,D IGLESIAS, NANCY 21218 ST ANDREWS BLVD BOCA RATON, FL 33433 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5555 Anglers Ave, 16B Pt. Lauderdale, FL 33312 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP,D VANILLA, LORRAINE 21218 SAINT ANDREWS BOULEVARD BOCA RATON, FL 33433 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5555 Anglers Ave, 16B Pt. Lauderdale, FL 33312 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD FORTIER, GEOVANNA 21218 ST ANDREWS BLVD BOCA RATON, FL 33433 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5555 Anglers Ave, 16B Pt. Lauderdale, FL 33312 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: 1/9/07 Daytime Phone # | | |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |