


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90004 007 \*\*\*\*61.25

<b>DOCUMENT # N05000003016</b>					
<b>1. Entity Name</b> VILLA PORTOFINO WEST PROPERTY OWNERS ASSOCIATION, INC					
<b>Principal Place of Business</b> 21218 SAINT ANDREWS BOULEVARD SUITE 510 BOCA RATON, FL 33433			<b>Mailing Address</b> C/O THE CONFIDENTIAL GROUP 11981 S.W. 144 CT SUITE #201 MIAMI, FL 33186		
<b>2. Principal Place of Business - No P.O. Box #</b> 11981 S.W. 144 Ct. Suite 201		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc. 201		Suite, Apt. #, etc.			
<b>City &amp; State</b> Miami, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 43-2080785	
Applied For <input type="checkbox"/>		Not Applicable <input checked="" type="checkbox"/>			
<b>Zip</b> 33386		<b>Country</b> Dade		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GREENFIELD, STEVEN B 7000 W. PALMETTO PARK RD. SUITE 402 BOCA RATON, FL 33433			<b>7. Name and Address of New Registered Agent</b> Name: <u>The Confidential Group Inc.</u> Street Address (P.O. Box Number is Not Acceptable): <u>11981 S.W. 144 Ct. #201</u> City: <u>Miami</u> FL Zip Code: <u>33186</u>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State-</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE: P,D <input checked="" type="checkbox"/> Delete NAME: IGLESIAS, NANCY STREET ADDRESS: 5555 ANGLERS AVE, 16B CITY-ST-ZIP: FORT LAUDERDALE, FL 33312	TITLE: <u>President, Director</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <u>Juno Guevara</u> STREET ADDRESS: <u>580 N.E. 21 Ave.</u> CITY-ST-ZIP: <u>Homestead, FL 33033</u>				
TITLE: VP,D <input checked="" type="checkbox"/> Delete NAME: VANELLA, LORRAINE STREET ADDRESS: 5555 ANGLERS AVE, 16B CITY-ST-ZIP: FORT LAUDERDALE, FL 33312	TITLE: <u>VP, Director</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <u>Daved Diaz</u> STREET ADDRESS: <u>585 N.E. 21 Terr.</u> CITY-ST-ZIP: <u>Homestead, FL 33033</u>				
TITLE: STD <input checked="" type="checkbox"/> Delete NAME: FORTIER, GEOVANNA STREET ADDRESS: 5555 ANGLERS AVE, 16B CITY-ST-ZIP: FORT LAUDERDALE, FL 33312	TITLE: <u>ST, Director</u> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <u>ELVIS ORTEGA</u> STREET ADDRESS: <u>584 N.E. 21 Ave.</u> CITY-ST-ZIP: <u>Homestead, FL 33033</u>				
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:				
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:				
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:				
<b>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.</b>					
<b>SIGNATURE:</b> <u>Juno Guevara</u> Juno Guevara		Date: <u>1/29/08</u>		Daytime Phone #: <u>305-766-1359</u>	