


# 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> 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 C/O THE CONFIDENTIAL GROUP 11981 S.W. 144 CT SUITE #201 MIAMI, FL 33186		
2. Principal Place of Business - No P.O. Box # 11981 S.W. 144 Ct. Suite #201		3. Mailing Address Suite, Apt. #, etc. 201			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 43-2080785	
Zip 33386		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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: The Confidential Group Inc. Street Address (P.O. Box Number is Not Acceptable): 11981 S.W. 144 Ct. #201 City: Miami FL Zip Code: 33186	
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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D IGLESIAS, NANCY 5555 ANGLERS AVE, 16B FORT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director Juno Guevara 580 N.E. 21 Ave. Homestead, FL 33033	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,D VANILLA, LORRAINE 5555 ANGLERS AVE, 16B FORT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Director David Diaz 580 N.E. 21 Ave. Homestead, FL 33033	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FORTIER, GEOVANNA 5555 ANGLERS AVE, 16B FORT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST, Director ELVIS ONTEGA 580 N.E. 21 Ave. Homestead, FL 33033	<input checked="" type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE:</b> <u>Juno Guevara</u> <u>Juno Guevara</u>			Date: <u>1/24/08</u>		Daytime Phone #: <u>305-766-1359</u>