




# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 AUG 18 AM 11:43

<b>DOCUMENT # N05000003016</b>					
1. Entity Name <b>VILLA PORTOFINO WEST PROPERTY OWNERS ASSOCIATION, INC</b>					
Principal Place of Business <del>11981 SW 144 CT 201</del> <b>MIAMI, FL 33186</b> <i>13250 SW 135 Avenue</i> <b>MIAMI-FL 33186</b>			Mailing Address <del>C/O THE CONFIDENTIAL GROUP</del> <b>11981 S.W. 144 CT SUITE #204</b> <b>MIAMI, FL 33186</b> <i>Courtesy Property Management</i> <i>13250 SW 135 Avenue</i>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07092008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number <b>43-2080785</b>	
Zip		Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>THE CONTINENTAL GROUP INC</b> <b>11981 SW 144 CT 201</b> <b>MIAMI, FL 33186</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 <b>7-11-08</b>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUEVARA, JUNO</b>		<b>900135285439</b>		
STREET ADDRESS	<b>580 NE 21 AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HOMESTEAD, FL 33033</b>		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIAZ, DAVID</b>				
STREET ADDRESS	<b>355 NE 21 TERR</b>				
CITY-ST-ZIP	<b>HOMESTEAD, FL 33033</b>				
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ORTEGA, ELVIS</b>		<b>SECRETARY</b> <b>HELEN MESA ORTIZ</b>		
STREET ADDRESS	<b>544 NE 21 AV</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HOMESTEAD, FL 33033</b>		CITY-ST-ZIP		
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS	<b>B 8/15/08</b>				
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
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: <b>7-30-08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	
				Daytime Phone #	