2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

				\mathbf{S}	ceretary (Ji State	
DOCUMENT # N05000011206 1. Entity Name THE FALLS OF PORTOFINO CONDOMINIUM NO. 4 ASSOCIATION, INC.					01-29-2008 90008 0	24 ****61.25	
SUITE # 16B STE 201 FORT LAUDERDALE, FL 33312 MIAMI, FL 33186		O THE CONTINENTAL GROU E 201 AMI, FL 33186	IP Hal Grow	40017		### ##################################	
		Mailing Address	ng Address				
Suite, Apt. #, etc. Su		vite, Apt. #, etc. SHC #201		01032008 Cr	ng-NP CR2E037	(12/06)	
City & State Ci		y & State Miawi, 72		4. FEI Number 56-255417	6	Applied For Not Applicable	
Zip	Country	33184	Country	5. Certificate of St	atus Desired	8.75 Additional ee Required	
	6. Name and Address of Current Regist	ered Agent		7. Name and Add	ress of New Registered Ac	jent	
GREENFIELD, STEVEN B ESQ 7000 W PALMETTO PARK RD SUITE 402 BOCA RATON, FL 33433			Name Street Address (Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Code	
	named entity submits this statement for the priors of registered agent.	urpose of changing its regist	ered office or register	red agent, or both, in	the State of Florida. I am fa	miliar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Regist	ered Agent signature required	d when reinstating)	DATE		
Filling Fee is \$61.25 Due by May 1, 2008 9. Election 0 Trust Fun				Added to Fees Florida Department of State			
10.	OFFICERS AND DIRECTO	RS 1			S TO OFFICERS AND DIRE		
TITLE	PD	☐ Delete T	TLE VILL	aman. No	ancy	Change 🗌 Addition	
NAME	VILLAMAN, NANCY	N	IAME UI	el Sheria	ancy dan St, Sui	te 480	
STREET ADDRESS	21218 ST ANDREWS AVE SUITE 510		TREET ADDRESS		C/ 23021		
CITY-ST-ZIP	BOCA RATON, FL 33433	C	ITY-ST-ZIP H6	IIUWOQCI ,	FL 33021		
TITLE	DV	χ	ITLE Ka	tz, Arly	n dan st, Suis	Change Addition	
NAME OXDEEX ADDRESS	VANELLA, LORRAINE	E C	TREET ADDRESS 46	Sisheri	dan st, Suis	t 480	
STREET ADDRESS CITY-ST-ZIP	21218 ST ANDREWS AVE SUITE 510 BOCA RATON, FL 33433	1			, FL 330%		
TITLE	STD	Delete T	THE FO	tigues G	rovanna an st., Suite FL 3302	Change Addition	
NAME	SOCOLÓW, LINDA	✓	IAME		o ch Cuit	1160	
STREET ADDRESS	21218 ST ANDREWS AVE SUITE 510		TREET ADDRESS 963	s I Sneria	un sr., suite	- 48 <i>0</i>	
CITY-ST-ZIP	BOCA RATON, FL 33433		ITY-ST-ZIP Ho	Hywood,	FL 3302	1	
TITLE				'	l	Change Addition	
NAME			AME				
STREET ADDRESS CITY-ST-ZIP			TREET ADDRESS				
TITLE			ITLE			Change Addition	
NAME			IAME			_ •	
STREET ADDRESS		s	TREET ADDRESS				
CITY-ST-ZIP	1	C	ITY-ST-ZIP				
TITLE			ITLE			☐ Change ☐ Addition	
NAME		N	IAME			Change Addition	
NAME STREET ADDRESS		N S	IAME TREET ADDRESS			Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this file	N S C	AAME STREET ADDRESS SITY-ST-ZIP	dia Chante 110 C			

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: SIGNATURE AND TYPED ON PRINTED NAME OF STONING OFFICER OR DIRECTOR

Daytime Phone #