## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000009519

FILED Apr 03, 2009 Secretary of State

Entity Name: PORTOFINO SPRINGS CONDOMINIUM NO. 3 ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4651 SHERIDAN STREET SUITE # 480 HOLLYWOOD, FL 33021

Current Mailing Address: New Mailing Address:

4651 SHERIDAN STREET

SUITE # 480

HOLLYWOOD, FL 33021

C/O PRIME MANAGEMENT GROUP
4651 SHERIDAN STREET, SUITE # 480
HOLLYWOOD, FL 33021

FEI Number: 20-5578344 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEVEN B. GREENFIELD, ATTORNEY AT LAW, P.A 7000 W PALMETTO PARK RD SUITE 402 BOCA RATON, FL 33433 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: P (X) Change ( ) Addition

Name: IGLESIAS, NANCY
Address: 4651 SHERIDAN STREET, SUITE # 480

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Address: 4651 SHERIDAN STREET, SUITE # 480

Address: 4651 SHERIDAN STREET, SUITE # 480

City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: HOLLYWOOD, FL 33021

Title: TD ( ) Delete Title: VP/T (X) Change ( ) Addition

Name: KATZ, ARLYN Name: KATZ, ARLYN

Address: 4651 SHERIDAN STREET, SUITE # 480 Address: 4651 SHERIDAN STREET, SUITE # 480

City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: HOLLYWOOD, FL 33021

 $\label{eq:title:SD} \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{S} \qquad \mbox{(X) Change () Addition}$ 

Name: FORTIER, GEOVANNA Name: FORTIER, GEOVANNA

Address: 4651 SHERIDAN STREET, SUITE # 480 Address: 4651 SHERIDAN STREET, SUITE # 480

City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARLYN KATZ VP/T 04/03/2009