2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900000331 PORTOFINO VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4400 W. SAMPLE RD., STE. 200

4400 W. SAMPLE RD., STE. 200

2. Principal Place of Business	3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.				
City & State	City & State			

FILED May 04, 2000 8:00 am Secretary of State

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2. Principal Pillion of Business	2. Principal Place of Business		COCONUT CREEK FL 33073-3473		1 18851101 8			8 2 (1 3 2 188)	
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Section Sect	City & State		City & State	City & State		5-09779SU			ļ
6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code COCONUT CREEK FL 33073-3450 City FL Zip Code City City City FL Zip Code City Cit	Zip	Country	Zip	Zip Country		Certificate of Status Desired 5 \$8.75 Additional			
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ATTICK MICHAEL GREENBERG 4400 W, SAMPLE RD, STE. 200 COCONUT CREEK FL 33073-3450 8. The above named entity submits this statement for the purpose of changing-lits registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, hybrid or printed name of ingistered agent and the illupacidable. (NOTE flepement Agent shouther resulted when enhancing) Signature in the state of Florida. Signature in the state of Florida.				Name					
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SIGNATURE FILE NOW: FEE IS \$61.25 S. Election Campaign Financing Trust Fund Contribution. S. \$5.00 May Be Added to Foes Make Check Payable to Department of State			City	ty FL Zip Co.					
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE VD COCONUT CREEK FL 33073-3450 CITY-ST-ZIP COCONUT CREEK FL 33073-3450 CITY-ST-ZIP TITLE MAME SIRRET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 33073-3450 CITY-ST-ZIP TITLE TITL	8. The above	named entity submits this statement fo	r the purpose of changing-its	registered office or re	gistered agent, or both	, in the state of Florida.	,		
Trust Fund Contribution	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature	required when reinstating)	DATE			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: