


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90093 050 ****61.25

DOCUMENT # N99000000331

1. Entity Name
 PORTOFINO VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business %00 2035 HARDINGST., #200 HOLLYWOOD, FL 33020-2797	Mailing Address %00 2035 HARDINGST., #200 HOLLYWOOD, FL 33020-2797
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01172004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0977954	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MEYROWITZ, ANDREW
 % DCI
 2035 HARDING ST., STE 200
 HOLLYWOOD, FL 33020-2797

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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 _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRUCKENSTIEN, JOEL P 5088 SW 168TH AVE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD TORRES, MARTA B 4947 SW 167TH AVENUE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BAYLIS, MITCH 16891 SW 49TH CT MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Joel P. Bruckenstein* **Joel P. Bruckenstein, Pres. HOA 4/16/04 (954)885-1900**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #