


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90966 004 ****61.25

DOCUMENT # N99000000331

1. Entity Name
 PORTOFINO VILLAGE HOMEOWNERS ASSOCIATION, INC.




Principal Place of Business Mailing Address
 % DCI % DCI
 2035 HARDING ST., #200 2035 HARDING ST., #200
 HOLLYWOOD, FL 33020-2797 HOLLYWOOD, FL 33020-2797

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04122005 Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 65-0977954 Not Applicable

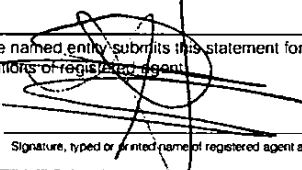
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

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

Name: RANDALL ROGERS
 Street Address: ONE PARK PLACE
 621 NW 53 ST, SUITE 300
 City: BOCA RATON FL Zip Code: 33487

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: 4/27/05

(NOTE: Registered Agent signature required when reinstating)

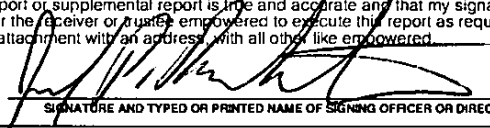
Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUCKENSTIEN, JOEL P 5088 SW 168TH AVE MIRAMAR, FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOEL BRUCKENSTIEN 1145 SAWGRASS CIRCLE PKWY SUNRISE, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD TORRES, MARTA B 4947 SW 167TH AVENUE MIRAMAR, FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD MITCH BAYLIS 1145 SAWGRASS CIRCLE PKWY SUNRISE, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAYLIS, MITCH 16891 SW 49TH CT MIRAMAR, FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAUREEN PERNICIAO 1145 SAWGRASS CIRCLE PKWY SUNRISE, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: 4/27/05 Daytime Phone #