

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90372 027 ****61.25

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DOCUMENT # N99000000331

1. Entity Name
 PORTOFINO VILLAGE HOMEOWNERS ASSOCIATION, INC.



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

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

2. Principal Place of Business
 010 MIAMI MANAGEMENT
 Suite, Apt. #, etc.
 1145 SAWGRASS CORP PKWY

3. Mailing Address
 010 MIAMI MANAGEMENT
 Suite, Apt. #, etc.
 1145 SAWGRASS CORP PKWY.

City & State
 SUNRISE, FL

City & State
 SUNRISE, FL

Zip
 33323

Country
 USA

Zip
 33323

Country
 USA



03302006 Chg-NP CR2E037 (11/05)

4. FEI Number
 65-0977954

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RAGERS, RANDALL
 ONE PARK PLACE
 621 NW 53 ST, STE 300
 BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name **KATZMAN & KORK**

Street Address (P.O. Box Number is Not Acceptable)
1501 NW 49 ST. SUITE 202

City **FT LAUD** FL Zip Code **33309**

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, 2006

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUCKENSTIEN, JOEL 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD BAVLIS, MITCH 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERNICIARO, MAUREEN 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *M. A. [Signature]* **MAR 28, 2006** (954) 846-7545

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