

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91160 001 *****8.75
04-21-2003 91160 002 *****61.25

DOCUMENT # N99000000331

1. Entity Name

Portofino Village Homeowners Association, Inc.

DO NOT WRITE IN THIS SPACE

05028611

2. Principal Place of Business

c/o DCI, 2035 Harding Str.

Suite, Apt. #, etc.
200

City & State
Hollywood, FL 33020-2797

Zip
33020-2797

Country
USA

3. Mailing Address

c/o DCI, 2035 Harding Str.

Suite, Apt. #, etc.
200

City & State
Hollywood, FL 33020-2797

Zip
33020-2797

Country
USA

4. FEI Number
65-0977954

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Andrew Meyrowitz

Street Address (P.O. Box Number is Not Acceptable)
c/o DCI, 2035 Harding Street

Suite 200

City
Hollywood

FL Zip Code
33020-2797

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.

SIGNATURE Andrew Meyrowitz

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/03

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	BRUCKENSTEIN, JOEL P.	5088 SW 168th AVE	MIRAMAR, FL 33027				
VPD/TO	TORRES, MARTA BASCOY	4917 SW 167th AVENUE	MIRAMAR, FL 33027				
SD	BAYLIS, MITCH	16891 SW 49th CT.	MIRAMAR, FL 33027				
				DO NOT WRITE IN THIS SPACE			

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Marta Torres Bascoy

3/19/03

CR2E037B (12/01)