


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90112 030 \*\*\*\*61.25

<b>DOCUMENT # N04000002573</b>			
1. Entity Name PORTOFINO MASTER ASSOCIATION, INC.			
Principal Place of Business 600 CORPORATE DRIVE SUITE 102 FORT LAUDERDALE, FL 33334		Mailing Address 600 CORPORATE DRIVE SUITE 102 FORT LAUDERDALE, FL 33334	
2. Principal Place of Business <i>Advanced Property Management</i> Suite, Apt. #, etc.		3. Mailing Address <i>3350 Woods Edge Circle</i> Suite, Apt. #, etc. <i>Suite 104</i>	
City & State		City & State <i>Bonita Springs FL</i>	
Zip	Country	Zip <i>34134</i>	Country
6. Name and Address of Current Registered Agent HASTINGS, CHERYL L ESQ GRANT FRIDKIN PEARSON ET AL. 5551 RIDGEWOOD DRIVE SUITE 501 NAPLES, FL 34108		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent Name <i>Susan L. Thompson / Advanced Property Mgt.</i> Street Address (P.O. Box Number is Not Acceptable) <i>3350 Woods Edge Circle</i> <i>Suite 104</i> City <i>Bonita Springs</i> FL Zip Code <i>34134</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 <i>Susan L. Thompson</i> Signature, typed or printed name of registered agent and title if applicable.		SIGNATURE <i>SUSAN L. THOMPSON</i> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete SAN JOSE, TIRSO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600 CORPORATE DRIVE SUITE 102	NAME	
STREET ADDRESS	FORT LAUDERDALE, FL 33334	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete ZITZMANN, MICHAEL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600 CORPORATE DRIVE SUITE 102	NAME	
STREET ADDRESS	FORT LAUDERDALE, FL 33334	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete VALDIVIA, ALBERT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600 CORPORATE DRIVE SUITE 102	NAME	
STREET ADDRESS	FORT LAUDERDALE, FL 33334	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 <i>Albert Valdivia</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>04/29/05</i> Daytime Phone #	