

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-03-2006 90367 003 ****61.25

DOCUMENT # N05000003016

1. Entity Name
**VILLA PORTOFINO WEST PROPERTY OWNERS
ASSOCIATION, INC**



Principal Place of Business
**21218 SAINT ANDREWS BOULEVARD
SUITE 510
BOCA RATON, FL 33433**

Mailing Address
**21218 SAINT ANDREWS BOULEVARD
SUITE 510
BOCA RATON, FL 33433**

60023874



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number

43-2080785

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GREENFIELD, STEVEN B
7000 W. PALMETTO PARK RD.
SUITE 402
BOCA RATON, FL 33433**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P,D
VILLAMAN, NANCY
21218 SAINT ANDREWS BOULEVARD
BOCA RATON, FL 33433** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.D
NANCY IGLESIAS
21218 Saint Andrews Blvd
Boca Raton, FL 33433** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP,D
VANILLA, LORRAINE
21218 SAINT ANDREWS BOULEVARD
BOCA RATON, FL 33433** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
CHANDLER, MARIE
21218 SAINT ANDREWS BOULEVARD
BOCA RATON, FL 33433** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
CHANDLER, MARIE
21218 SAINT ANDREWS BOULEVARD
BOCA RATON, FL 33433** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
GIOVANNA FORTIER
21218 Saint Andrews Blvd.
Boca Raton, FL 33433** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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TITLE
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CITY-ST-ZIP
☐ Change ☐ 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/06

Date

Daytime Phone #