


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90008 048 ****75.00

DOCUMENT # 731721 1. Entity Name PORTA BELLA YACHT & TENNIS CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 799 E. JEFFERY STREET 107 BOCA RATON, FL 33487-4191			Mailing Address 799 E. JEFFERY STREET 107 BOCA RATON, FL 33487-4191		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHNER, LARRY P.A. 750 SOUTH DIXIE HIGHWAY BOCA RATON, FL 33431				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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 NAME STREET ADDRESS CITY-ST-ZIP	VPD RENE, LIPPMAN 899 JEFFREY ST #11 BOCA RATON, FL 33487 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPM RENE LIPPMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERLOW, STUART 799 JEFFREY ST. 108 BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANK GIANNATTASIO <input type="checkbox"/> Change <input type="checkbox"/> Addition 799 JEFFREY ST. #210 BOCA RATON, FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FELDMAN, MARSHALL 800 JEFFREY ST. 306 BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RON MULLFORD <input type="checkbox"/> Change <input type="checkbox"/> Addition 799 JEFFREY ST #103 BOCA RATON, FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EICHWALD, DEANNA 899 JEFFREY ST #814 BOCA RATON, FL 33487 <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	SD NALEZYTY, MICHAEL 800 JEFFREY ST #111 BOCA RATON, FL 33487 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MICHAEL NALEZYTY <input checked="" 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 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: <i>Rene Lippman</i> RENE LIPPMAN			Date: 7/19/06 Daytime Phone #: 361-997-7333		