


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90115 033 ****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

60003092



2. Principal Place of Business - No P.O. Box #

3. Mailing Address *do the court contact corp.*
 1981 S.W. 144 St.
 Suite, Apt. #, etc.
 SUITE #201

01022007 Chg-NP CR2E037 (12/06)

City & State
 Miami Fl.

4. FEI Number
 43-2080785

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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 IGLESIAS, NANCY 21218 ST ANDEWS BLVD BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5555 Anglers Ave, 16B Pt. Lauderdale, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,D VANILLA, LORRAINE 21218 SAINT ANDREWS BOULEVARD BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5555 Anglers Ave, 16B Pt. Lauderdale, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FORTIER, GEOVANNA 21218 ST ANDREWS BLVD BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5555 Anglers Ave, 16B Pt. Lauderdale, FL 33312
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
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
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:  **1/19/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #