

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90074 017 \*\*\*\*61.25

**DOCUMENT # N08269**

1. Entity Name  
**THE PORTICOS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**15439 SW 80 STREET  
#105  
MIAMI, FL 33193 US**

Mailing Address  
**12350 SW 132ND CT.  
#114  
MIAMI, FL 33186 US**

40104960



02052007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #  
**12350 SW 132 COURT**  
Suite, Apt. #, etc.  
**114**

3. Mailing Address  
**12350 SW 132 COURT**  
Suite, Apt. #, etc.  
**114**

City & State  
**MIAMI, FL**  
Zip  
**33186**  
Country  
**USA**

City & State  
**MIAMI, FL**  
Zip  
**33186**  
Country  
**USA**

4. FEI Number  
**65-0433845**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ALLIED PROPERTY GROUP, INC.  
12350 SW 132 CT.  
#114  
MIAMI, FL 33186**

**7. Name and Address of New Registered Agent**

Name **EISINGER, DENNIS J.**  
Street Address (P.O. Box Number is Not Acceptable)  
**4000 HOLLYWOOD BLVD.**  
**265 SOUTH**  
City **HOLLYWOOD, FL** Zip Code **33021**

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 **Dennis Eisenger.** **4-24-07.**  
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, 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**

TITLE **PD** ☐ Delete  
NAME **RODRIGUEZ, OSVALDO**  
STREET ADDRESS **15439 SW 80 ST. #105**  
CITY-ST-ZIP **MIAMI, FL 33193**

TITLE **VP&S** ☐ Delete  
NAME **APARICIO, LUIS**  
STREET ADDRESS **14829 SW 80 ST. # 104**  
CITY-ST-ZIP **MIAMI, FL 33193**

TITLE **TD** ☒ Delete  
NAME **SANCHEZ, CARIDAD**  
STREET ADDRESS **14833 SW 80 ST. #104**  
CITY-ST-ZIP **MIAMI, FL 33193**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **TD** ☐ Change ☒ Addition  
NAME **BERDOTE, RAFAELA I.**  
STREET ADDRESS **14833 SW 80 ST Apt # 103.**  
CITY-ST-ZIP **MIAMI, FL 33193.**

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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

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: **Osvaldo Rodriguez** **4-20-07.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #