


**2008 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 AUG 18 AM 11:43

DOCUMENT # N05000003016

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



Principal Place of Business
11981 SW 144 CT 201
MIAMI, FL 33186
13250 SW 135 AVENUE
MIAMI-FL 33186


Mailing Address
C/O THE CONFIDENTIAL GROUP
11981 S.W. 144 CT SUITE #204
MIAMI, FL 33186
13250 SW 135 AVENUE

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country



07092008 Chg-NP CR2E037 (12/06)

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

THE CONTINENTAL GROUP INC
11981 SW 144 CT 201
MIAMI, FL 33186

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 *Laura Pineda* DATE 7-11-08

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

Amended AR is \$61.25

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	<input type="checkbox"/> Delete
NAME	GUEVARA, JUNO	
STREET ADDRESS	580 NE 21 AVE	
CITY-ST-ZIP	HOMESTEAD, FL 33033	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DIAZ, DAVID	
STREET ADDRESS	355 NE 21 TERR	
CITY-ST-ZIP	HOMESTEAD, FL 33033	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ORTEGA, ELVIS	
STREET ADDRESS	544 NE 21 AV	
CITY-ST-ZIP	HOMESTEAD, FL 33033	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900135285439	
STREET ADDRESS	09/03/08--01013--026	**70.00
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY	
STREET ADDRESS	HELEN MESA ORTIZ	
CITY-ST-ZIP	2143 NE 3rd COURT HOMESTEAD, FL 33033	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* DATE: 7-30-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #