## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000003016

FILED Mar 05, 2009 Secretary of State

Entity Name: VILLA PORTOFINO WEST PROPERTY OWNERS ASSOCIATION, INC

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

13250 SW 135 AVENUE MIAMI, FL 33186

**Current Mailing Address:** 

**New Mailing Address:** 

C/O COURTESY PROPERTY MANAGEMENT 13250 SW 135 AVENUE

13250 SW 135 AVENUE

MIAMI, FL 33186

MIAMI, FL 33186

MIAMI, FL 33186

FEI Number: 43-2080785

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

THE CONTINENTAL GROUP INC 11981 SW 144 CT 201

SRLD

201 ALHAMBRA CIRCLE

SUITE 1102

CORAL GABLES, FL 33134 US

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.

City-St-Zip:

SIGNATURE: LISA LERNER

03/05/2009

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete GUEVARA, JUNO Name: 580 NE 21 AVE Address:

City-St-Zip: HOMESTEAD, FL 33033

Title: VPD ( ) Delete DIAZ, DAVID Name: Address: 355 NE 21 TERR City-St-Zip: HOMESTEAD, FL 33033

Title: STD () Delete ORTIZ, HELEN M Name: 2143 NE 3RD COURT Address:

HOMESTEAD, FL 33033

(X) Change ( ) Addition MCLOUD, ROSS MR Name:

Address: 580 NE 21 AVE City-St-Zip: HOMESTEAD, FL 33033

Title: (X) Change ( ) Addition

Name: HARRIEL, JOHN MR Address: 511 NE 21 TERR City-St-Zip: HOMESTEAD, FL 33033

Title: (X) Change ( ) Addition

Name: ORTIZ, HELEN M MRS Address: 2143 NE 3 COURT City-St-Zip: HOMESTEAD, FL 33033

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN M. ORTIZ ST 03/05/2009