

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747550

**FILED**  
**Apr 03, 2015**  
**Secretary of State**  
**CC3101570185**

**Entity Name:** PORTOFINO VILLAGE I "B" CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1310 AVENUE OF THE STARS  
COCONUT CREEK, FL 33066

**Current Mailing Address:**

1310 AVENUE OF THE STARS  
COCONUT CREEK, FL 33066 US

**FEI Number:** 59-1906205

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRUCE BANDLER  
1310 AVENUE OF THE STARS  
COCONUT CREEK, FL 33066 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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name MILLER, RUTH  
Address 3001 PORTOFINO ISLE APT G-2  
City-State-Zip: COCONUT CREEK FL 33066

Title PD  
Name CASEY, TOM  
Address 3001 PORTOFINO ISLE, APT A-2  
City-State-Zip: COCONUT CREEK FL 33066

Title SD  
Name MONAGHAN, WILLIAM  
Address 3001 PORTOFINO ISLE APT J-4  
City-State-Zip: COCONUT CREEK FL 33066

Title VPD  
Name WINTON, DAVID  
Address 3001 PORTOFINO ISLE, APT K-1  
City-State-Zip: COCONUT CREEK FL 33066

Title TREASURER  
Name KRAMME, WALTER  
Address 3001 PORTOFINO ISLE APT B-1  
City-State-Zip: COCONUT CREEK FL 33066

*I hereby 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 all other like empowered.*

**SIGNATURE:** TOM CASEY

**PRESIDENT**

**04/03/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date