#### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 747550** 

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

**FILED** Mar 20, 2014 **Secretary of State** CC2449859888

# **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:

Title

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

SD

Title Title PD

MILLER, RUTH Name CASEY, TOM Name

3001 PORTOFINO ISLE APT G-2 3001 PORTOFINO ISLE, APT A-2 Address Address City-State-Zip: COCONUT CREEK FL 33066 COCONUT CREEK FL 33066 City-State-Zip:

Title

VPD

Name WINTON, DAVID Name SABEL, ESTHER

Address 3001 PORTOFINO ISLE, APT K-1 Address 3001 PORTOFINO ISLE APT H-4 COCONUT CREEK FL 33066 City-State-Zip: City-State-Zip: COCONUT CREEK FL 33066

Title Т Title D

Name LIFSHEY, REVA Name KRAMME. WALTER

Address 3001 PORTOFINO ISLE APT C-1 3001 PORTOFINO ISLE APT B-1 Address

City-State-Zip: COCONUT CREEK FL COCONUT CREEK FL 33066 City-State-Zip:

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.

03/20/2014 SIGNATURE: TOM CASEY **PRESIDENT**