

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000006284

**FILED**  
**Jun 16, 2017**  
**Secretary of State**  
**CC3827396364**

**Entity Name:** MURANO AT PORTOFINO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1000 S. POINTE DR  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1000 S. POINTE DR  
MIAMI BEACH, FL 33139

**FEI Number:** 65-1135925

**Certificate of Status Desired:** No

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

GURSKY & RAGAN, P.A.  
14 NE 1ST AVENUE  
SUITE 703  
MIAMI, FL 33132 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:** MARNIE DALE RAGAN , ESP

06/16/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           FIORE, ROBERT  
Address        1000 S. POINTE DR #2003  
City-State-Zip: MIAMI BEACH FL 33139

Title           DIRECTOR  
Name           LITVAK, ELAINE  
Address        1000 S. POINTE DR #2303  
City-State-Zip: MIAMI BEACH FL 33139

Title           TREASURER  
Name           LACHLER, ULRICH  
Address        1000 S. POINTE DRIVE #2902  
City-State-Zip: MIAMI BEACH FL 33139

Title           SECRETARY  
Name           GIULINO, TONY  
Address        1000 S POINTE DR #ATH06  
City-State-Zip: MIAMI BEACH FL 33139

Title           DIRECTOR  
Name           GEVAS, STEVEN  
Address        1000 S. POINTE DR  
                  1001  
City-State-Zip: MIAMI BEACH FL 33139

Title           VP  
Name           JOHNS, BEN  
Address        1000 S. POINTE DR  
                  #1105  
City-State-Zip: MIAMI BEACH FL 33139

Title           D  
Name           MARTIN, HARRY  
Address        1000 S. POINTE DR  
                  #2302  
City-State-Zip: MIAMI BEACH FL 33139

*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:** ROBERT FIORE

PRESIDENT

06/16/2017

Electronic Signature of Signing Officer/Director Detail

Date