

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

DOCUMENT# N05000003016

**Entity Name:** VILLA PORTOFINO WEST PROPERTY OWNERS ASSOCIATION,  
INC

**FILED**  
**Dec 04, 2017**  
**Secretary of State**  
**CC3341167368**

**Current Principal Place of Business:**

C/O AFFINITY MANAGEMENT SERVICES  
1430 NW 15 AVE  
MIAMI, FL 33125

**Current Mailing Address:**

C/O AFFINITY MANAGEMENT SERVICES  
1430 NW 15 AVE  
MIAMI, FL 33125 US

**FEI Number: 43-2080785**

**Certificate of Status Desired: No**

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

CUEVAS & GARCIA, P.A.  
7480 SW 40TH STREET, SUITE 600  
MIAMI, FL 33155 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 P  
Name PUJOLS, SINTHIA  
Address 1430 NW 15 AVE  
City-State-Zip: MIAMI FL 33125

Title VP  
Name ALFONSO, GILFREDO  
Address 1430 NW 15 AVE  
City-State-Zip: MIAMI FL 33125

Title S  
Name AMSTELVEEN, RAOUL  
Address 1430 NW 15 AVE  
City-State-Zip: MIAMI FL 33125

Title D  
Name PINEDA, BATHZY  
Address 1430 NW 15 AVE  
City-State-Zip: MIAMI FL 33125

*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: SINTHIA PUJOLS**

**PRESIDENT**

**12/04/2017**

Electronic Signature of Signing Officer/Director Detail

Date