

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000011202

**Entity Name:** THE FALLS OF PORTOFINO CONDOMINIUM NO. 2  
ASSOCIATION, INC.

**FILED**  
**Jul 21, 2020**  
**Secretary of State**  
**1536758674CC**

**Current Principal Place of Business:**

4651 SHERIDAN STREET  
SUITE 480  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

C/O PRIME MANAGEMENT GROUP  
4651 SHERIDAN STREET, SUITE 480  
HOLLYWOOD, FL 33021 US

**FEI Number: 56-2554172**

**Certificate of Status Desired: No**

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

GREENFIELD, STEVEN B ESQ.  
6111 BROKEN SOUND PARKWAY NW  
SUITE 350  
BOCA RATON, FL 33487 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: STEVEN B GREENFIELD**

**07/21/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CEPERO, JORGE  
Address 4651 SHERIDAN STREET SUITE 480  
City-State-Zip: HOLLYWOOD FL 33021

Title VP/T  
Name ANGULO, ALICIA  
Address 4651 SHERIDAN ST, STE. 480  
City-State-Zip: HOLLYWOOD FL 33021

Title D  
Name DUPRE, JAMES  
Address 4651 SHERIDAN ST  
SUITE 180  
City-State-Zip: HOLLYWOOD FL 33021

*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: ANGULO , ALICIA**

**PRESIDENT**

**07/21/2020**

Electronic Signature of Signing Officer/Director Detail

Date