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: NANCY IGLESIAS

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/15/2019

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N05000011206

Entity Name: THE FALLS OF PORTOFINO CONDOMINIUM NO. 4 ASSOCIATION, INC.

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: 56-2554176

Name and Address of Current Registered Agent:

GREENFIELD, STEVEN B ESQ. 6111 BROKEN SOUND PARKWAY NW SUITE 350 BOCA RATON, FL 33487 US Certificate of Status Desired: No

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	E: STEVEN B GREENFIELD			04/15/2019
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	Ρ	Title	VP/T	
Name	IGLESIAS, NANCY	Name	ANGULO, ALICIA	
Address	4651 SHERIDAN ST STE 480	Address	4651 SHERIDAN ST STE480	
City-State-Zip:	HOLLYWOOD FL 33021	City-State-Zip:	HOLLYWOOD FL 33021	
Title	D			
Name	DUPRE, JAMES			
Address	4657 SHERIDAN S T SUITE 480			
City-State-Zip:	HOLLYWOOD FL 33021			

FILED Apr 15, 2019 Secretary of State 6130498773CC

Date