FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 15 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713811 (8)

1. Corporation Name

PORTOFINO CONDOMINIUM APTS. OF PALM BEACH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2600 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33407	2600 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33407

3. Date Incorporated or Qualified: 12/18/1967
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-1265297 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GERSON, GARY N., ESQ.
1645 PALM BEACH LAKES BLVD.
SUITE 650
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE	P	☒ Change ☐ Addition
NAME	GROVER, WALTER	1.2 NAME	GROVER, WALTER	
STREET ADDRESS	2600 NORTH FLAGLER DRIVE	1.3 STREET ADDRESS	2600 NORTH FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL	
TITLE	P	2.1 TITLE	D	☐ Change ☒ Addition
NAME	KONICK, ABNER	2.2 NAME	BLOCK, FLORA	
STREET ADDRESS	2600 NORTH FLAGLER DRIVE	2.3 STREET ADDRESS	2600 NORTH FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL	
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	CORHAN, HARLOD	3.2 NAME		
STREET ADDRESS	2600 NORTH FLAGLER DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE	D	☐ Change ☒ Addition
NAME	WOOLLEY, LIZETTE	4.2 NAME	WISE, GERTRUDE	
STREET ADDRESS	2600 N. FLAGLER DR #207	4.3 STREET ADDRESS	2600 NORTH FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	WEST PALM BEACH, FL	
TITLE	D	5.1 TITLE	VP	☒ Change ☐ Addition
NAME	OKEN, BARBARA	5.2 NAME	OKEN, BARBARA	
STREET ADDRESS	2600 NORTH FLAGLER DRIVE	5.3 STREET ADDRESS	2600 NORTH FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	WEST PALM BH., FL	
TITLE	D	6.1 TITLE	S	☒ Change ☐ Addition
NAME	BOGGIANO, NORMA	6.2 NAME	BOGGIANO, NORMA	
STREET ADDRESS	2600 NO FLAGLER DR	6.3 STREET ADDRESS	2600 NO FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP	WEST PALM BEACH FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: WALTER GROVER 3/10/95 (407)655-3391
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0048102