

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713811 (8)
1. Corporation Name
PORTOFINO CONDOMINIUM APTS. OF PALM BEACH, INC.



Principal Place of Business 2800 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33407	Mailing Address 2800 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33407-5521
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/18/1967		3a. Date of Last Report 02/26/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1265297		Applied For ☐ Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GERSON, GARY N., ESQ. 1045 PALM BEACH LAKES BLVD. SUITE 650 WEST PALM BEACH FL 33401				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	☒ DELETE	1.1 TITLE	NAME	☒ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS		1.2 NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		1.3 STREET ADDRESS	CITY-ST-ZIP	
			1.4 CITY-ST-ZIP		
TITLE	NAME	☒ DELETE	2.1 TITLE	NAME	☒ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS		2.2 NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		2.3 STREET ADDRESS	CITY-ST-ZIP	
			2.4 CITY-ST-ZIP		
TITLE	NAME	☐ DELETE	3.1 TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS		3.2 NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		3.3 STREET ADDRESS	CITY-ST-ZIP	
			3.4 CITY-ST-ZIP		
TITLE	NAME	☐ DELETE	4.1 TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS		4.2 NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		4.3 STREET ADDRESS	CITY-ST-ZIP	
			4.4 CITY-ST-ZIP		
TITLE	NAME	☒ DELETE	5.1 TITLE	NAME	☒ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS		5.2 NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		5.3 STREET ADDRESS	CITY-ST-ZIP	
			5.4 CITY-ST-ZIP		
TITLE	NAME	☒ DELETE	6.1 TITLE	NAME	☒ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS		6.2 NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		6.3 STREET ADDRESS	CITY-ST-ZIP	
			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 _____ SIGNATURE _____

CR2E037 (9/96)