

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 713811 (8)
1. Corporation Name
PORTOFINO CONDOMINIUM APTS. OF PALM BEACH, INC.

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

3. Date Incorporated or Qualified

12/18/1967

4. FEI Number

59-1265297

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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 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

Signature, typed or printed name of registered agent and title if applicable

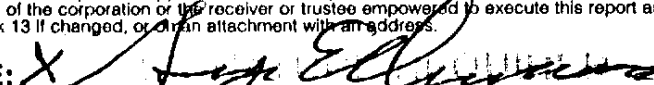
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	D ROBINSON, CALDWELL C
STREET ADDRESS	2600 NORTH FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	☒ DELETE
NAME	D HIGGINS, SALLY R
STREET ADDRESS	2600 NORTH FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	☐ DELETE
NAME	P CORHAN, HARLOD
STREET ADDRESS	2600 NORTH FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	☐ DELETE
NAME	S WISE, GERTRUDE
STREET ADDRESS	2600 NORTH FLAGLER DR
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	☐ DELETE
NAME	D O'HARA, WELMEIER S
STREET ADDRESS	2600 NORTH FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	☐ DELETE
NAME	VP BLOCK, FLORA
STREET ADDRESS	2600 NO FLAGLER DR
CITY-ST-ZIP	WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	T ELLINWOOD, GEORGE
1.3 STREET ADDRESS	2600 NORTH FLAGLER DRIVE
1.4 CITY-ST-ZIP	WEST PALM BEACH FL
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	D BUCKLEY, KATHLEEN
2.3 STREET ADDRESS	2600 NORTH FLAGLER DRIVE
2.4 CITY-ST-ZIP	WEST PALM BEACH FL
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 as an attachment with an address.

SIGNATURE:  **3-13-98**

CR2E037 (10/97)