2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 713811

1. Entity Name
PORTOFINO CONDOMINIUM APTS. OF PALM BEACH, INC.

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

01272005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-1265297
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DICKER,KEIVOK, &STOLOFF P.H.
1818 AUSTRALIAM AVE STE 400
WEST PALM BEACH, FL 33409

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILLS-JOHNSON, RAYMOND
STREET ADDRESS	2600 N FLAGLER DR., #813
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	VP
NAME	SPIVEY, LORRAINE MRS.
STREET ADDRESS	2600 N. FLAGLER DR., #907
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	S
NAME	GWINNER, JANET MRS.
STREET ADDRESS	2600 N FLAGLER DR., #303
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	TX
NAME	HERMAN, SHIRLEY MRS.
STREET ADDRESS	2600 N FLAGLER DR., #207
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	D
NAME	CUMINALE, RAY MR.
STREET ADDRESS	2600 N FLAGLER DR., #803
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	D
NAME	KARJANE, PAT MRS.
STREET ADDRESS	2600 N FLAGLER DR., #104
CITY-ST-ZIP	WEST PALM BEACH, FL 33407

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02/03/05-80048-021 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raymond A. Mills-Johnson AS PRESIDENT 2/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #