2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State
01-23-2006 90098 032 ****61.25

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

01062006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

MICHAEL J. GELFAND ESQ ~~AGPE~~ RAI

7. Name and Address of New Registered Agent

Name: MICHAEL J. GELFAND ESQ ~~AGPE~~ RAI
Street Address (P.O. Box Number is Not Acceptable): REGIONS FINANCIAL TOWER SUITE 1220
1555 PALM BEACH LAKES BLVD
City: WEST PALM BEACH FL Zip Code: 33401

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: [signature] 1/11/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is $61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ VP MILLS-JOHNSON, RAYMOND 2600 N FLAGLER DR., #813 WEST PALM BEACH, FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ P SPIVEY, LORRAINE MRS. 2600 N. FLAGLER DR., #907 WEST PALM BEACH, FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GWINNER, JANET MRS. 2600 N FLAGLER DR., #303 WEST PALM BEACH, FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TX ~~HERMAN, SHIRLEY MRS.~~ 2600 N FLAGLER DR., #207 WEST PALM BEACH, FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MR. ALAN WILLIAMS TX 2600 N. FLAGLER DR # 409 WPB. FL 33407	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUMINALE, RAY MR. 2600 N FLAGLER DR., #803 WEST PALM BEACH, FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KARJANE, PAT MRS. 2600 N FLAGLER DR., #104 WEST PALM BEACH, FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Lorraine L. Spivey President 1/9/06 (561) 832-6525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #