2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State
04-11-2008 90038 039 ****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

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	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	7. Name and Address of New Registered Agent
KRIVOK, JAMES N DICKER KRIVOK & STOLOFF, P.A. 1818 AUSTRALIAN AVE. SOUTH, SUITE 400 WEST PALM BEACH FL 33409	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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	D MILLS-JOHNSON, RAYMOND 2600 N FLAGLER DR., #813 WEST PALM BEACH FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MILLS-JOHNSON, RAYMOND A. 2600 N. FLAGLER DRIVE, #813 WEST PALM BEACH, FL 33407	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SPIVEY, LORRAINE MRS. 2600 N. FLAGLER DR., #907 WEST PALM BEACH FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Spivey, Lorraine L 2600 N. Flagler Dr. #907 West Palm Beach, FL 33407	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HERMAN, SHIRLEY 2600 N FLAGLER DR., #303 WEST PALM BEACH FL 33407	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER ELAINE W. PATTERSON 2600 N FLAGLER DR. #612 WEST PALM BEACH, FL 33407	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PORTER, MELINDA 2600 N FLAGLER DRIVE #1003 WEST PALM BEACH FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President melinda S Porter 2600 N. Flagler Dr #1003 W Palm Beach, FL 33407	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D QUINN, TOM 2600 N FLAGLER DRIVE #103 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 Section 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #