
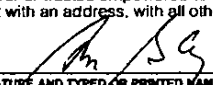


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90005 040 ****61.25

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # 716655 1. Entity Name PORTOFINO SOUTH CONDOMINIUM ASSOCIATION OF WEST PALM BEACH, INC. | | | |  | |
| Principal Place of Business 3800 WASHINGTON ROAD WEST PALM BEACH, FL 33405 | | | Mailing Address 3800 WASHINGTON ROAD WEST PALM BEACH, FL 33405 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 5. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| GELFAND, MICHAEL J 1555 PALM BEACH LAKES BLVD. SUITE 1220 WEST PALM BEACH, FL 33401 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | P | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MC KAY, ANN B PRES. | | NAME | Christopherson, Eugene | |
| STREET ADDRESS | 3800 WASHINGTON RD., #710 | | STREET ADDRESS | 3800 Washington Rd #1002 | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33405 | | CITY-ST-ZIP | West Palm Beach, FL 33405 | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LEE, MARTHA B SEC. | | NAME | Jones, Jenny - D | |
| STREET ADDRESS | 3800 WASHINGTON RD., #312 | | STREET ADDRESS | 3800 Washington Rd #602 | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33405 | | CITY-ST-ZIP | West Palm Beach, FL 33405 | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | JONES, JENNY TRES. | | NAME | George Harold | |
| STREET ADDRESS | 3800 WASHINGTON RD., #602 | | STREET ADDRESS | 3800 Washington Rd #207 | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33405 | | CITY-ST-ZIP | West Palm Beach, FL 33405 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | DEHON, PATRICIA DIR. | | NAME | Richard Coons | |
| STREET ADDRESS | 3800 WASHINGTON RD., #706 | | STREET ADDRESS | 3800 Washington Rd #701 | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33405 | | CITY-ST-ZIP | West Palm Beach, FL 33405 | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | CHRISTOPHERSON, EUGENE VP | | NAME | Susan Mc Namara | |
| STREET ADDRESS | 3800 WASHINGTON RD., #1002 | | STREET ADDRESS | 3800 Washington Rd #410 | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33405 | | CITY-ST-ZIP | West Palm Beach, FL 33405 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LENKO, IHOR DIR. | | NAME | 3800 Washington Rd #1212 | |
| STREET ADDRESS | 3800 WASHINGTON RD., #1212 | | STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33405 | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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:  | | | Date: 2/24/06 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |