## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

1. Entity Name

PORTOFINO SOUTH CONDOMINIUM ASSOCIATION OF WEST PALM BEACH, INC.



DOCU	MENI	# / ~	16655
------	------	-------	-------

						1987						
Principal Place of Business 3800 WASHINGTON ROAD 3800 WASHINGTON ROAD WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33				į			imimimim J T 20 e z		di êti êtêtî ditelî û	ramma en arba		
Principal Place of Business - No P.O. Box #     3. Mailing Address												
Suite, Apt.	. #, etc.		Suite,	Apt. #, etc.				02072007	Chg-NP	CR2E	E037 (12/06)	)
City & State City & State						4. FEI Number 59-134			-	Applied For Not Applicable		
Zip		Country	Zip Cou			intry		5. Certificate	of Status Desire	a 🗅	\$8.75 A Fee Requi	
	6. Name	and Address of Current	Registered /	Agent				7. Name and	Address of Ne	w Registere	d Agent .	-
						Name						
GELFAND, MICHAEL J 1555 PALM BEACH LAKES BLVD. SUITE 1220					Street Address (P.O. Box Number is Not Acceptable)							
WEST PA	LM BEACI	H,, FL 33401										
					City	y FL Zip Code						
	e named entit tions of regisl	y submits this statement fo tered agent.	the purpose	e of changing its	registere	ed office o	r register	ed agent, or bo	th, in the State of	Florida. I a	m familiar wit	n, and accept
SIGNATURE	Signature, typed	tor printed name of registered agent.	and title if applical	ble. (NOTE	: Registered	d Agent signs	ture required	l when renstating)		DATI	ξ	<del></del> _
				6 FlV C	: m	1Y			7	Allaha ah		
Filing Fee is \$61.25  Due by May 1, 2007  9. Election Campaign F Trust Fund Contribut					-		\$5.00 May 6 Added to Fees			artment of		
10.	÷.	OFFICERS AND DIF	RECTORS		11.		-	ADDITIONS/CH	ANGES TO OFF	CERS AND	DIRECTORS	IN 10
TITLE	T (			☐ Delete	TITLE			•			☐ Change	Addition
NAME	CHRISTO	PHERSON, EUGENE	Γ		NAME	E						
STREET ADDRESS	3800 WAS	SHINGTON RD 1002			STREE	ET ADORESS	1					
CITY-ST-ZIP	WEST PA	LM BEACH, FL 33405			CITY-	-ST-ZIP						
TITLE	D			☐ Delete	TITLE						☐ Change	Addition
NAME	JONES, J	ENNY D		_ book	NAME		1					
STREET ADDRESS	3800 WAS	SHINGTON RD 602			STREE	ET ADDRESS						
CITY-ST-ZIP	WEST PA	LM BEACH, FL 33405			CITY-	-ST - ZIP	1					
TITLE	Т			Delete	TITLE		P				☐ Change	Addition
NAME	JONES, J	ENNY_TRES.			NAME	Ε	もっし	Mcka	inston	سامت المناه		—
STREET ADORESS	3800 WAS	SHINGTON RD., #602			STREE	ET ADORESS	380				MO.	
CITY-ST-ZP	WEST PA	LM BEACH, FL 33405			CITY-	-ST-ZIP	WP6	5. FL	33405	-		
TITLE	D			☐ Delete	TITLE	:		,			☐ Change	☐ Addition
NAME	COONS, I	RICHARD			NAME	E						
STREET ADDRESS	3800 WAS	SHINGTON RD 701			STREE	ET ADDRESS						
CITY-ST-ZIP	WEST PA	LM BEACH, FL 33405			CITY-	-ST-ZIP						
TITLE	VP			Delete	TITLE		VΡ	_	•		Change	Addition
NAME	I .	PHERSON, EUGENE			NAME	E	Don	gias St	xin	0.1.1.	205	
STREET ADDRESS	1	SHINGTON RD., #1002							instan		302	
CITY-ST-ZIP	WEST PA	LM BEACH, FL 33405			CITY-	-S1-ZIP	Mbl	<u>B, FL</u>	<u> 33405</u>			
TITLE	D			Delete	TITLE		S				☐ Change	Addition
					414545	-	NION	ma Le	e			
NAME	LENKO, II	HOR DIR.			NAME		MW	الالم رو	- C + N -	0 4	1. 2. 5	
NAME STREET ADORESS CITY-ST-ZIP	3800 WAS	HOR DIR. SHINGTON RD., #1212 LLM BEACH, FL 33405			STREE	: et adoress -st-zip	380 WP1	o wast	7012517 20126		F-312	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Feb 12, 2007 8:00 am Secretary of State

02-12-2007 90078 003 \*\*\*\*61.25