2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# 716655

Entity Name: PORTOFINO SOUTH CONDOMINIUM ASSOCIATION OF WEST PALM BEACH, INC.

Current Principal Place of Business:

3800 WASHINGTON ROAD
WEST PALM BEACH, FL 33405

New Principal Place of Business:

Current Mailing Address:

3800 WASHINGTON ROAD
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 59-1346487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GELFAND, MICHAEL J
1555 PALM BEACH LAKES BLVD.
SUITE 1220
WEST PALM BEACH,, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	CHRISTOPHERSON, EUGENE T	
Address:	3800 WASHINGTON RD 1002	
City-St-Zip:	WEST PALM BEACH, FL 33405	
Title:	D	( ) Delete
Name:	JONES, JENNY D	
Address:	3800 WASHINGTON RD 602	
City-St-Zip:	WEST PALM BEACH, FL 33405	
Title:	P	( ) Delete
Name:	MCKAY, ANN	
Address:	3800 WASHINGTON RD #710	
City-St-Zip:	WEST PALM BEACH, FL 33405	
Title:	D	( ) Delete
Name:	COONS, RICHARD	
Address:	3800 WASHINGTON RD 701	
City-St-Zip:	WEST PALM BEACH, FL 33405	
Title:	VP	( ) Delete
Name:	SPAIN, DOUGLAS	
Address:	3800 WASHINGTON RD 205	
City-St-Zip:	WEST PALM BEACH, FL 33405	
Title:	S	( ) Delete
Name:	LEE, MARTHA	
Address:	3800 WASHINGTON RD #312	
City-St-Zip:	WEST PALM BEACH, FL 33405	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	ROEFARO, MICHAEL	
Address:	3800 WASHINGTON RD #110	
City-St-Zip:	WEST PALM BEACH, FL 33405	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARRIE LECRENIER OM 01/05/2009
Electronic Signature of Signing Officer or Director — Date