## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 747553** 

FILED Apr 15, 2005 Secretary of State

Entity Name: PORTOFINO VILLAGE I "E" CONDOMINIUM ASSOCIATION, INC.

Sufferit F	Principal Place of	DUSIN	ess.	New Princ	cipal Place of Business:		
	NUE OF THE STA T CREEK, FL 33		US				
Current Mailing Address:				New Maili	New Mailing Address:		
	NUE OF THE STA T CREEK, FL 33		US				
El Number	r: 59-1906204	FEI Num	ber Applied For()	FEI Number Not App	Olicable ( ) Certificate of Status Desired (	)	
Name and	d Address of Cui	rent Re	egistered Agent:	Name and	d Address of New Registered Agent:		
% WYNM COCONU The above	NUE OF THE STA OOR COMMUNIT IT CREEK, FL 33 In named entity sub	Y COU 066 US	3	purpose of changing	its registered office or registered agent, or	both,	
	e of Florida. 						
SIGNATU		Cianatu	uro of Dogistarad Ag		Data		
OFFICED		-	re of Registered Ag		Date	CTOP	
	S AND DIRECTO	PRS:	ire or Registered Ag	ADDITION	NS/CHANGES TO OFFICERS AND DIREC	CTOR	
OFFICER  Fitle:  Name:  Address:  City-St-Zip:		ORS: elete RD ISLE AP	РТ G-2			CTOR	
Γitle: Name: Address:	S AND DIRECTO PD ( ) De FREUND, LEONAF 3003 PORTOFINO	PRS: elete RD 0 ISLE AP K, FL 330 elete	PT G-2 066 PT D-3	ADDITION Title: Name: Address:	NS/CHANGES TO OFFICERS AND DIREC	CTOR	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	PD () DE FREUND, LEONAF 3003 PORTOFINO COCONUT CREEK VD () DE SALTZMAN, MILT 3003 PORTOFINO	DRS: elete RD DISLE AP C, FL 33C elete DISLE AP C, FL 33C elete A DISLE AP	PT G-2 D66 PT D-3 D66	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	NS/CHANGES TO OFFICERS AND DIREC	CTOR	
Fitle: Name: Nadress: City-St-Zip: Fitle: Name: Nadress: City-St-Zip: Fitle: Name: Nadress:	PD () DE FREUND, LEONAR 3003 PORTOFINO COCONUT CREEK VD () DE SALTZMAN, MILT 3003 PORTOFINO COCONUT CREEK TD () DE HANDLER, SELMA 3003 PORTOFINO	DRS: elete RD DISLE AP C, FL 33C elete DISLE AP C, FL 33C elete DISLE AP C, FL 33C elete THY DISLE AP	PT G-2 066 PT D-3 066 PT L-3 066	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip:	( ) Change ( ) Addition  ( ) Change ( ) Addition  ( ) Change ( ) Addition  TD (X) Change ( ) Addition  HAMMER, OLIVIA 3003 PORTOFINO ISLE APT B-3	CTOR	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LEONARD FREUND PD 04/15/2005