

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

**95 MAY -1 PM 2: 59**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # 747689 (8)**  
1. Corporation Name  
**PORTOFINO VILLAGE I "A" CONDOMINIUM ASSOCIATION,  
INC.**

Principal Place of Business Mailing Address  
**1001 WYNMOOR CIR  
COCONUT CREEK FL 33066  
US** **1310 AVENUE OF THE STARS  
1001 WYNMOOR CR  
COCONUT CREEK FL 33066  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
**21 1310 Avenue of the Stars 25**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22**  
City & State City & State  
**23 Coconut Creek, Florida 28**  
Zip Country Zip Country  
**24 33066 25 USA 29 30**

3. Date Incorporated or Qualified **06/15/1979** 3a. Date of Last Report **03/18/1994**  
4. FEI Number **59-1906207** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**RAVO, PAT T.  
1310 AVENUE OF THE STARS  
% WYNMOOR COMMUNITY COUNCIL, INC.  
COCONUT CREEK FL 33066**

10. Name and Address of New Registered Agent  
**81 Name**  
**82 Street Address (P.O. Box Number Is Not Acceptable)**  
**83**  
**84 City** **FL** **85 Zip Code**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	<b>Y</b>
NAME	<b>MAHLER, ARTHUR</b>
STREET ADDRESS	<b>3002 D-3 PORTOFINO ISLE</b>
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>
TITLE	<b>V</b>
NAME	<b>TOLEN, NAT</b>
STREET ADDRESS	<b>3002 G-2 PORTOFINO ISLE</b>
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>
TITLE	<b>D</b>
NAME	<b>SLOSBERG, SAM</b>
STREET ADDRESS	<b>3002 A2 PORTOFINO ISLE</b>
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>
TITLE	<b>P</b>
NAME	<b>RODIS, HENRY</b>
STREET ADDRESS	<b>3002 J2 PORTOFINO ISLE</b>
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>
TITLE	<b>S</b>
NAME	<b>SCHUMACHER, JEANETTE</b>
STREET ADDRESS	<b>3002 H-2 PORTOFINO ISLE</b>
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D/P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	<b>D/V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	<b>D/P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	<b>D/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

**DEFERRED BY MAY 1**

**\$ Deposited by Bank** *SW*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE: Henry Rodis** *Henry Rodis* **1/16/95** **970-0320**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #