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Jun 10, 1999 8:00 am
Secretary of State

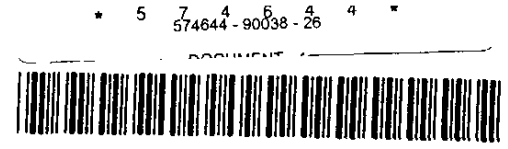
06-10-1999 90038 001 *2,695.00

NONPROFIT CORPORATION ANNUAL REPORT **1998-1999**



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

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



Principal Place of Business Mailing Address
 1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 US
 1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 US

3. Date Incorporated or Qualified
06/15/1979

4. FEI Number
59-1906207

Applied For
 Not Applicable

21. Principal Place of Business	22. Mailing Address
21. Suite, Apt. #, etc.	22. Suite, Apt. #, etc.
23. City & State	23. City & State
24. Zip	24. Zip
25. Country	25. Country

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 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

85. Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	MAHLER, ARTHUR	
STREET ADDRESS	3002 D-3 PORTOFINO ISLE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	TOLEN, NAT	
STREET ADDRESS	3002 G-2 PORTOFINO ISLE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOLDENBACH, ELAINE	
STREET ADDRESS	3002 PORTOFINO ISLE, APT F-1	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	RODIS, HENRY	
STREET ADDRESS	3002 J2 PORTOFINO ISLE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FEINSTEIN, JACK	
STREET ADDRESS	3002 PORTOFINO ISLE, APT C-4	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VAD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	OSTER, STANLEY	
1.3 STREET ADDRESS	3002 PORTOFINO ISLE, APT. A-3	
1.4 CITY-ST-ZIP	COCONUT CREEK-FL 33066	
2.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HALPERN, SALLY	
2.3 STREET ADDRESS	3002 PORTOFINO ISLE, APT G-3	
2.4 CITY-ST-ZIP	COCONUT CREEK-FL 33066	
3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Goldenbach, Elaine	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HIRSCH, IRVING	
4.3 STREET ADDRESS	3002 PORTOFINO ISLE, APT L-4	
4.4 CITY-ST-ZIP	COCONUT CREEK, FL 33066	
5.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input 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		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Elaine Goldenbach* ELAINE GOLDENBACH PRESIDENT 5/21/99 (954) 978-2605