

2001 UNIFORM BUSINESS REPORT (UBR)

0066300

DOCUMENT # 747689

1. Entity Name

PORTOFINO VILLAGE I "A" CONDOMINIUM ASSOCIATION.

FILED

01 MAR 26 AM 11:44

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE
03/26/01 90157.001 2695.00

4. FEI Number

59-1906207

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAVO, PAT T.
1310 AVENUE OF THE STARS
% WYNMOOR COMMUNITY COUNCIL, INC.
COCONUT CREEK FL 33066**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT** Delete
NAME **MAHLER, ARTHUR**
STREET ADDRESS **3002 D-3 PORTOFINO ISLE**
CITY-ST-ZIP **COCONUT CREEK FL**

TITLE **T** Change Addition
NAME **ABRAMS, STEPHEN**
STREET ADDRESS **3002 PORTOFINO ISLE, APT. G-1**
CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE **DS** Delete
NAME **HALPERN, SALLEY**
STREET ADDRESS **3002 PORTOFINO ISLE APT G3**
CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **OSTER, STANLEY**
STREET ADDRESS **3002 PORTOFINO ISLE APT A3**
CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **TOLAN, NAT**
STREET ADDRESS **3002 PORTOFINO ISLE APT G2**
CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** Delete
NAME **FEINSTEIN, JACK**
STREET ADDRESS **3002 PORTOFINO ISLE, APT C-4**
CITY-ST-ZIP **COCONUT CREEK FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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

JACK FEINSTEIN 1/18/01 (954) 978-2600

Date

Daytime Phone #

CR2E037 (10/00)