

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0072028

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03-29-2002 90364 001 *2,695.00

1. Entity Name

PORTOFINO VILLAGE I "A" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1310 AVENUE OF THE STARS
 COCONUT CREEK FL 33066
 US**

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 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

4. FEI Number

59-1906207

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 _____ DATE _____

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 NAME	T ABRAMS, STEPHEN	<input type="checkbox"/> Delete
STREET ADDRESS	3002 PORTOFINO ISLE, APT. G-1	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE NAME	DS HALPERN, SALLEY	<input type="checkbox"/> Delete
STREET ADDRESS	3002 PORTOFINO ISLE APT G3	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE NAME	D OSTER, STANLEY	<input type="checkbox"/> Delete
STREET ADDRESS	3002 PORTOFINO ISLE APT A3	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE NAME	VD TOLEN, NAT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3002 PORTOFINO ISLE APT G2	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE NAME	PD FEINSTEIN, JACK	<input type="checkbox"/> Delete
STREET ADDRESS	3002 PORTOFINO ISLE, APT C-4	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	S GOLDENBACH, ELAYNE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3002 PORTOFINO ISLE F-1	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowerments.

SIGNATURE: SIGNATURE OF REGISTERED AGENT *Pat T. Ravo* **1-30-02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)