

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 24 AM 9:19

DOCUMENT # 749201 (0)

1. Corporation Name

PORTOFINO-ON-THE-INTRACOASTAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

77 SOUTH BIRCH ROAD  
FT LAUDERDALE FL 33316

77 SOUTH BIRCH ROAD  
FT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1979

3a. Date of Last Report

01/21/1994

4. FEI Number

59-2346809

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BIGGAN, JOHN  
77 SOUTH BIRCH RD  
FT LAUDERDALE FL 33316

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

Signature typed or printed name of registered agent not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

John Biggan, President

1-18-95

12. OFFICERS AND DIRECTORS

|                |                        |
|----------------|------------------------|
| TITLE          | PB                     |
| NAME           | BIGGAN, JOHN           |
| STREET ADDRESS | 77 SOUTH BIRCH ROAD    |
| CITY-ST-ZIP    | FT LAUDERDALE FL 33316 |
| TITLE          | VD                     |
| NAME           | SPEARS, NEILUS         |
| STREET ADDRESS | 77 SOUTH BIRCH ROAD    |
| CITY-ST-ZIP    | FT LAUDERDALE FL       |
| TITLE          | STD                    |
| NAME           | FIGARI, GERARD         |
| STREET ADDRESS | 77 SOUTH BIRCH ROAD    |
| CITY-ST-ZIP    | FT LAUDERDALE FL       |
| TITLE          | D                      |
| NAME           | ROGERS, TERRY          |
| STREET ADDRESS | 77 SOUTH BIRCH ROAD    |
| CITY-ST-ZIP    | FT LAUDERDALE FL 33316 |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS |                                                                              |
| 1.4 CITY-ST-ZIP    |                                                                              |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | Figari, Gerard                                                               |
| 2.3 STREET ADDRESS | 77 South Birch Road                                                          |
| 2.4 CITY-ST-ZIP    | Ft. Lauderdale, FL                                                           |
| 3.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | STD                                                                          |
| 3.3 STREET ADDRESS | O'Connell, Joseph                                                            |
| 3.4 CITY-ST-ZIP    | 77 South Birch Road                                                          |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS |                                                                              |
| 4.4 CITY-ST-ZIP    |                                                                              |
| 5.1 TITLE          | <input 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Biggan, Pres

1-18-95

305-463-4742

Date

Daytime Phone #