

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749201

1. Entity Name

PORTOFINO-ON-THE-INTRACOASTAL CONDOMINIUM ASSOCI

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90060 022 ****61.25

Principal Place of Business

Mailing Address

77 SOUTH BIRCH ROAD
FT LAUDERDALE FL 33316

77 SOUTH BIRCH ROAD
FT LAUDERDALE FL 33316-1500

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2346809

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GRAY, RICHARD J
77 S BIRCH RD
4B
FT LAUDERDALE FL 33316

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

TITLE	PD	☐ Delete
NAME	GRAY, RICHARD	
STREET ADDRESS	77 SOUTH BIRCH ROAD 4B	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	VP	☐ Delete
NAME	HOMECKER, ERNEST	
STREET ADDRESS	77 S. BIRCH ROAD	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	ST	☐ Delete
NAME	GILBERT, NEAL	
STREET ADDRESS	77 S. BIRCH RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	D	☐ Delete
NAME	MAU, THEODOR	
STREET ADDRESS	77 S. BIRCH ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	D	☐ Delete
NAME	LIDDELL, GARY	
STREET ADDRESS	77 S. BIRCH RD	
CITY-ST-ZIP	FT LAUDERLAKE FL 33316	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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 an office like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)