

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90224 022 ****61.25

DOCUMENT # 749201

1. Entity Name

PORTOFINO-ON-THE-INTRACOASTAL CONDOMINIUM ASSOCI

Principal Place of Business

Mailing Address

**77 SOUTH BIRCH ROAD
 FT LAUDERDALE FL 33316**

**77 SOUTH BIRCH ROAD
 FT LAUDERDALE FL 33316**

00010023



DO NOT WRITE IN THIS SPACE

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

PAUL H. LEVINE / PROPERTY MANAGER

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

77 SOUTH BIRCH ROAD

Fort Lauderdale

City

FL

Zip Code

33316

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 **PD** ☒ Delete
 NAME **GRAY, RICHARD**
 STREET ADDRESS **77 SOUTH BIRCH ROAD 4B**
 CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE **PD** ☒ Change ☐ Addition
 NAME **BRUCE McBEAN**
 STREET ADDRESS **77 S. BIRCH ROAD Pent. N.**
 CITY-ST-ZIP **FT. LAUD., FL. 33316**

TITLE **VP** ☐ Delete
 NAME **HONECKER, ERNEST**
 STREET ADDRESS **77 S. BIRCH ROAD**
 CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE **ST** ☒ Change ☐ Addition
 NAME **ERNEST HONECKER**
 STREET ADDRESS **77 S. BIRCH ROAD 7-D**
 CITY-ST-ZIP **FT. LAUD. FL 33316**

TITLE **ST** ☒ Delete
 NAME **GILBERT, NEAL**
 STREET ADDRESS **77 S. BIRCH RD.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE **VP** ☒ Change ☐ Addition
 NAME **ERIN JOWATAS**
 STREET ADDRESS **77 S. BIRCH ROAD 8-A**
 CITY-ST-ZIP **FT. LAUD. FL 33316**

TITLE **D** ☐ Delete
 NAME **MAU, THEODOR**
 STREET ADDRESS **77 S. BIRCH ROAD**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE **D** ☒ Change ☐ Addition
 NAME **THEODORE MAU**
 STREET ADDRESS **77 S. BIRCH ROAD 12-D**
 CITY-ST-ZIP **FT. LAUD. FL 33316**

TITLE **D** ☒ Delete
 NAME **LUDELL, GARY**
 STREET ADDRESS **77 S. BIRCH RD**
 CITY-ST-ZIP **FT LAUDERLAKE FL 33316**

TITLE **D** ☒ Change ☐ Addition
 NAME **T. CRAIG CHILDS**
 STREET ADDRESS **77 S. BIRCH ROAD 3A**
 CITY-ST-ZIP **FT. LAUD. FL. 33316**

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

Date

Daytime Phone #

CR2E037 (10/00)