NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749201

1. Entity Name: Portofino On The Intracoastal Condominium Assoc. Inc
77 South Birch Road
Ft Lauderdale, FL 33316

FILED
02 JUL 16 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
77 S. Birch Road	77 S. Birch Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33316 Country	Zip: 33316 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2346809 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Marcy L. Kravit

Street Address (P.O. Box Number is Not Acceptable): 77 S Birch Road

City: Ft. Lauderdale 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: Marcy L Kravit, LCSW 6-26-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	Sarah Gorman 77 S. Birch Road 5B Ft. Lauderdale, FL 33316
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP	James Wheeler 77 S. Birch Road Mezz A Ft. Lauderdale, FL 33316
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST	Neal Gilbert 77 S. Birch Road Mezz D Ft. Lauderdale, FL 33316
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	Richard Gray 4B 77 S. Birch Road Ft. Lauderdale, FL 33316
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	Ed Kinney 77 S. Birch Road 9C Ft. Lauderdale, FL 33316
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	Theodore Nau 77 S. Birch Road 12D Ft. Lauderdale, FL 33316

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100006530881--8 -07/19/02--01050--021 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sarah R Gorman President 7/8/02 (954)463-4742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/18/02