2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 749201

1. Entity 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

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01282004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2346809

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KRAVIT, MARCY L
77 SOUTH BIRCH RD
FT LAUDERDALE, FL 33316

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Marcy L Kravit, LCam, CMCA 1-28-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	KINNEY, ED
STREET ADDRESS	77 SOUTH BIRCH ROAD 9C
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	PD
NAME	DESOUZA, MARK
STREET ADDRESS	77 S BIRCH RD 11A
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	D
NAME	MAU, THEODOR
STREET ADDRESS	77 SOUTH BIRCH RD 12-D
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	VP
NAME	WHEELER, JAMES
STREET ADDRESS	77 SOUTH BIRCH RD., MEZZ-A
CITY-ST-ZIP	FT LAUDERLAKE, FL 33316
TITLE	D
NAME	GRAY, RICHARD
STREET ADDRESS	77 SOUTH BIRCH ROAD 4B
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/04/04-80024-010 61.25

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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: 1-30-04 (904) 463-4742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #