2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 12, 2007 8:00 am Secretary of State

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DOCUMENT # 764732 1. Entity Name PORTUGAL TOWERS CONDOMINIUM ASSOCIATION, INC.							_	014 ****61	
Principal Place of Business 3200 COLLINS AVENUE MIAMI BEACH, FL 33140		Mailing Address 3200 COLLINS AVENUE MIAMI BEACH, FL 33140					118 1181 8181 8181	PJPII BIBN BIBN BIB	itt ra i di 1801
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01312007	Chg-NP	CR2E	037 (12/06)	
City & State		City & State			4. FEI Number Applied For 59-2286923 Not Applicable				
Zip	Country	Zip	Country		5. Certificate	of Status Desir	ed 🔲	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		-	7. Name and	Address of No	ew Registered	d Agent	
SCHLESINGER, SIDNEY			Name		-				
# 25	LINS AVE	Street Address		ddress (P	P.O. Box Numbe	r is Not Accep	itable)		
MIAMI, FL	33140		City					■ Zip Cod	<u> </u>
			5.,,				F	L	<u> </u>
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	egistered office or	r registere	ed agent, or bot	h, in the State of	of Florida. I ar	m familiar with,	and accept
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SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent Signati	ure required v	when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent	end title if applicable. (NOTE: F						ck payable t	
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing ntribution.		\$5.00 May B Added to Fees		Make che Florida Dep	ck payable t artment of S	tate
10.	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing ntribution.		\$5.00 May B		Make che Florida Dep	ck payable to artment of S	tate
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIDNEY SCHLESINGER PD 1/31/2007