2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#764732

FILED Apr 18, 2009 Secretary of State

Entity Name: PORTUGAL TOWERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3200 COLLINS AVENUE MIAMI BEACH, FL 33140 **Current Mailing Address: New Mailing Address:** 3200 COLLINS AVENUE MIAMI BEACH, FL 33140 FEI Number: 59-2286923 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHLESINGER, SIDNEY 3200 COLLINS AVE MIAMI, FL 33140 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition RUA, JOSE A RUA, JOSE À Name: Name: 3200 COLLINS AVE #103 Address: 3200 COLLINS AVE #103 Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: MIAMI BEACH, FL 33140 Title: PD () Delete Title: () Change () Addition SCHLESINGER, SIDNEY Name: Name: Address: 3200 COLLINS AVE. #25 Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: Title: VD. () Delete Title: SD (X) Change () Addition KAHAN, JENO KAHAN, JENO Name: Name: 3200 COLLINS AVE #35 3200 COLLINS AVE #35 Address: Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: MIAMI BEACH, FL 33140 Title: TD () Delete Title: () Change () Addition Name: GLUCK, ANDOR Name: Address: 3200 COLLINS AVE, #52 Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: Title: () Delete Title: (X) Change () Addition REICH, PETER REICH, PETER Name: Name: 3200 COLLINS AVENUE, #31 3200 COLLINS AVENUE, #31 Address: Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCHLESINGER SIDNEY PD 04/18/2009