

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham,</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 768721 (3)**  
1. Corporation Name  
**VILLA PORTOFINO HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>721 N.POWERLINE RD DEERFIELD BEACH FL 33442</b>	Mailing Address <b>QUALITY MGT 1761 W HILLSBORO BLVD SUITE 326 DEERFIELD BEACH FL 33442-1502 US</b>
---	--

3. Date Incorporated or Qualified <b>06/01/1983</b>	3a. Date of Last Report <b>02/01/1996</b>
--	--

2. Principal Place of Business 21. Suite, Apt #, etc 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
---	--

4. FEI Number <b>59-2501056</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**FREDERICK O POKRAJAC QUALITY MGT  
1761 W. HILLSBORO BLVD SUITE 326  
DEERFIELD BEACH FL 33442**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P POSEY</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>POSEY, LES</b>	
STREET ADDRESS	<b>779 N POWERLINE RD</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	
TITLE	<b>T ALLEN, DEBBY</b>	<input type="checkbox"/> DELETE
NAME	<b>ALLEN, DEBBY</b>	
STREET ADDRESS	<b>751 N. POWERLINE RD</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	
TITLE	<b>VD GIMBEL, JUDY</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GIMBEL, JUDY</b>	
STREET ADDRESS	<b>731 N POWERLINE RD</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	
TITLE	<b>D CROMWELL, GLORY</b>	<input type="checkbox"/> DELETE
NAME	<b>CROMWELL, GLORY</b>	
STREET ADDRESS	<b>715 N POWERLINE RD</b>	
CITY-ST-ZIP	<b>DEERFIELD BCH FL</b>	
TITLE	<b>S SCHUMER, BARBARA</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SCHUMER, BARBARA</b>	
STREET ADDRESS	<b>737 N. POWERLINE RD</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	
TITLE	<b>D SEGERS, WILLIAM</b>	<input type="checkbox"/> DELETE
NAME	<b>SEGERS, WILLIAM</b>	
STREET ADDRESS	<b>713 N. POWERLINE RD.</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>T Pusey LES</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PUSEY LES</b>	
1.3 STREET ADDRESS	<b>779 N POWERLINE RD</b>	
1.4 CITY-ST-ZIP	<b>DEERFIELD BEACH FL.</b>	
2.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SAME</b>	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>Allen DEBBY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>ALLEN DEBBY</b>	
3.3 STREET ADDRESS	<b>751 N POWERLINE RD</b>	
3.4 CITY-ST-ZIP	<b>DEERFIELD BCH FL.</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Cromwell Glory</b>	
4.3 STREET ADDRESS	<b>715 N POWERLINE RD</b>	
4.4 CITY-ST-ZIP	<b>DEERFIELD BCH FL</b>	
5.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Segers William</b>	
5.3 STREET ADDRESS	<b>713 N. Powerline RD.</b>	
5.4 CITY-ST-ZIP	<b>DEERFIELD BCH, FL.</b>	
6.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>SAME</b>	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRE LES POSEY 3/5/97 (951) 427-0707**

CR2E037 (9/96)