FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name

768721

(3)

VILLA PORTOFINO HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 721 NPOWERLINE RD DEFRIELD BEACH FL 33442 OUALITY MGT 1761 W HILLSBORO BLVD SUITE 326									
DEERFIELD BEACH FL 33442 1761 W HILLSBORO BLVD S DEERFIELD BEACH FL 33442 US						3. Date Incorporated or Qualified 3a. Date of Last Report 06/01/1983 02/01/1996			
2. Principal	Place of Business	2a. Malting Addr	ess		4. FEI Number			pplied For	
Suite, Apt	t ato	Suite, Apt. #, etc.			59-250	71000		ot Applicable	
22 Suite, Apr	#, U .	27 Suite, Apt. #,				5. Certificate of Status Desired			
City & Sta	ale	City & State			6. Election Car	6. Election Campaign Financing \$5.00 May Be			
23	T 0	28	1 0		Trust Fund (to Fees	
Zip 24	Country 25	Z _i p	30	ountry	8. This corpora Florida Statu	ation has liability for interest	tangible tax under s Yes 🔀 No	i. 199.032,	
24	9. Name and Address of Cur		[30]			Address of New Regi			
				81 Name					
FREDERICK O POKRAJAC QUALITY MGT				82 Street	Address (P.O. Box Num	ber is Not Acceptable	<u> </u>		
1761 W. HILLSBORO BLVD SUITE 326				83					
DEEKH	ELD BEACH FL 33442								
				84 City				Code	
11. Pursuan	t to the provisions of Sections 617.0 registered agent, or both, in the St am familiar with, and accept the ob	0502 and 617.1508, Florid	la Statutes, the	above-named	corporation submits thi	s statement for the pur	rpose of changing i	ts registered	
office or agent. I	registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida, Such chan bligations of, Section 617.	ge was authori 0503, Florida S	zed by the cor tatutes.	poration's board of direc	яога. I пегеру ассерт	the appointment as	re@istered	
SIGNATURE		*	#1075 D				0.175		
12.	Signature typed or printed name of registered	AND DIRECTORS	(NOTE: Meg.str		e required when reinstating) ADDITIONS/0	CHANGES TO OFFICE	DATE TRS AND DIRECTOR	RS IN 12	
TITLE	PPUSET) X		TITLE	1-1		No Change	Addition	
NAME	-POSEY: LES	•	1.2	NAME	PUSEY LA	Secure BY			
STREET ADDRESS			1.3	STREET ADDRESS	779 10	Deraine Re-			
CITY - ST - ZIP	DEERFIELD BEACH FL			CITY-ST-ZIP	DERFIELD	Deach fl.			
TITLE	ALLEN DEODY	☐ DE	J - 1	TITLE	P		Change	Addition	
NAME	ALLEN, DEBBY 751 N. POWERLINE RD			NAME	SAMAP	_			
STREET ADDRESS CITY-ST-ZIP	DEERFIELD BEACH FL		i i	STREET ADDRESS 4 City-St-Zip	0.10.0				
TITLE	VD	∑ (0e		TITLE	9	/	Change	Addition	
NAME	GIMBEL, JUDY			NAME	Allen Dec	BRY	N'		
STREET ADDRESS	TALL NO DAMEDUNG DO		3.3	STREET ADDRESS	Allen Dec 751 N PO	wereine R	· D		
CITY-ST-ZIP	DEERFIELD BEACH FL			I. CITY-ST-ZIP	peerfield	BLY FC	_ •		
TITLE	D	[] D(TITLE	Comunit	Whey	☐ Change	Addition	
NAME	CROMWELL, GLORY			2 NAME	cromwege 215 Non	ieville RD	>		
STREET ADDRESS	715 N POWERLINE RD DEERFIELD BCH FL		1	STREET ADDRESS	DEEFFIELD	BCK, FL			
CITY-ST-ZIP TITLE	S S	⊠ DE	LETE 4.4	I CITY-ST-ZIP TITLE	l "_" '			Addition	
NAME	SCHUMER, BARBARA	∞حمر		NAME	SEGERS W. PO	Illian 3	. K		
STREET ADDRESS	THE RESIDENCE BE			STREET ADDRESS	713 N. PO	Werliner	. U ·		
CITY-ST-ZIP	DEERFIELD BEACH FL			CITY-ST-ZIP	Deerport	BC4, FC.	,		
TITLE	D	☐ DE		TITLE	4		Change	Addition	

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 releiver 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 granged or on an attachment with an address.

6.2 NAME

B.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SEGERS, WILLIAM

713 N. POWERLINE RD.

DEERFIELD BEACH FL

27-07-07

FILED

Apr 01 1997 8:00am

Secretary of State