

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90057 020 \*\*\*\*61.25

**DOCUMENT # 768721**

1. Entity Name

VILLA PORTOFINO HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

713 VILLA PORTOFINO CIR  
DEERFIELD BEACH FL 33442  
US

Mailing Address

7040 W PALMETTO PARK RD  
SUITE 4 BOX 523  
BOCA RATON FL 33433  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2501056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AJ WALLACE MGT  
ROBERT BENJAMIN  
10660 MAPLE CHASE WAY  
BOCA RATON FL 33428

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: VD  
NAME: ZIMMERMAN, LINDA ☐ Delete  
STREET ADDRESS: 743 VILLA PORTOFINO CIR.  
CITY-ST-ZIP: DEERFIELD BEACH FL 33442

TITLE: TD  
NAME: RICCARDI, SHARON ☐ Delete  
STREET ADDRESS: 757 VILLA PORTOFINO CIR  
CITY-ST-ZIP: DEERFIELD BEACH FL 33442

TITLE: D  
NAME: CARDARO, THOMAS ☐ Delete  
STREET ADDRESS: 783 VILLA PORTOFINO CIR  
CITY-ST-ZIP: DEERFIELD BCH FL 33442

TITLE: D  
NAME: SEGERS, WILLIAM ☐ Delete  
STREET ADDRESS: 713 VILLA PORTOFINO CIRCLE  
CITY-ST-ZIP: DEERFIELD BEACH FL 33442

TITLE: SD  
NAME: WILSON, TED ☐ Delete  
STREET ADDRESS: 725 VILLA PORTOFINO CIRCLE  
CITY-ST-ZIP: DEERFIELD BEACH FL 33442

TITLE: PD  
NAME: BASINGER-EVANS, PAMELA ☐ Delete  
STREET ADDRESS: 749 VILLA PORTOFINO CIR.  
CITY-ST-ZIP: DEERFIELD BEACH FL 33442

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D ☐ Change ☒ Addition  
NAME: KRAEMER, ERNEST  
STREET ADDRESS: 775 VILLA PORTOFINO CIRCLE  
CITY-ST-ZIP: DEERFIELD BEACH, FL 33442

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Pamela Basinger-Evans* *Pamela Basinger-Evans* 3-10-04 (954) 426 6357