

**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



MOORE CR2E037 (11/03)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, LINDA	
STREET ADDRESS	743 VILLA PORTOFINO CIR.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RICCARDI, SHARON	
STREET ADDRESS	757 VILLA PORTOFINO CIR	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARDARO, THOMAS	
STREET ADDRESS	783 VILLA PORTOFINO CIR	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEGERS, WILLIAM	
STREET ADDRESS	713 VILLA PORTOFINO CIRCLE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILSON, TED	
STREET ADDRESS	725 VILLA PORTOFINO CIRCLE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BASINGER-EVANS, PAMELA	
STREET ADDRESS	749 VILLA PORTOFINO CIR.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRAEMER, ERNEST	
STREET ADDRESS	775 VILLA PORTOFINO CIRCLE	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 of Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Pamela Basinger-Evans* **Pamela Basinger-Evans** 3-10-04 (954) 426 6357  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #