

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90222 033 ****61.25



DOCUMENT # 768721
 1. Entity Name
VILLA PORTOFINO HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
713 VILLA PORTOFINO CIR **7040 W PALMETTO PARK RD**
DEERFIELD BEACH FL 33442 **SUITE 4 BOX 523**
US **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



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 ROSE	<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 checked="" 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 checked="" type="checkbox"/> Delete
NAME	WILSON, TED	
STREET ADDRESS	725 VILLA PORTOFINO CIRCLE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BASINGER-EVANS, PAMELA	
STREET ADDRESS	749 VILLA PORTOFINO CIR.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YABLIN, DAVID	
STREET ADDRESS	739 VILLA PORTOFINO CIRCLE	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VULPIS, SAM	
STREET ADDRESS	773 VILLA PORTOFINO CIRCLE	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAURICELLA, BARBARA	
STREET ADDRESS	785 VILLA PORTOFINO CIRCLE	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	

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: Linda Rose Date: 2/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #