


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90111 013 \*\*\*\*61.25

<b>DOCUMENT # 768721</b> 1. Entity Name VILLA PORTOFINO HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 713 VILLA PORTOFINO CIR DEERFIELD BEACH, FL 33442 US	Mailing Address C/O SWIFT MANAGEMENT SOLUTIONS, INC. 1750 UNIVERSITY DRIVE, #2305 CORAL SPRINGS, FL 33071 US
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01262006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2501056	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  AJ WALLACE MGT ROBERT BENJAMIN 10660 MAPLE CHASE WAY BOCA RATON, FL 33428	<i>Swift Management &amp; Solutions</i> <b>1750 University Dr. #205</b> <b>Coral Springs, FL 33071</b>
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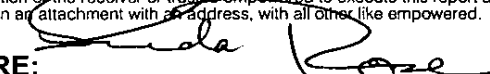
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE:  <span style="float: right;">1/30/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;">DATE</span>

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSE, LINDA 743 VILLA PORTOFINO CIR. DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICCARDI, SHARON 757 VILLA PORTOFINO CIR DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YABLIN, DAVID 739 VILLA PORTOFINO CIRCLE DEERFIELD BCH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEGERS, WILLIAM 713 VILLA PORTOFINO CIRCLE DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VULPIS, SAM 773 VILLA PORTOFINO CIRCLE DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURICELLA, BARBARA 785 VILLA PORTOFINO CIRCLE DEERFIELD BEACH, FL 33442

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <span style="float: right;">2/15/06 754 3416340</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;">Date Daytime Phone #</span>