

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-03-2006 90111 013 ****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: C/O SWIFT MANAGEMENT SOLUTIONS, INC., 1750 UNIVERSITY DRIVE, #2305, CORAL SPRINGS, FL 33071 US



01262006 No Chg-NP CR2E037 (11/05)

4. FEI Number: 59-2501056
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 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

Swift Management & Solutions
 1750 University Dr. #205
 Coral Springs, FL 33071

DO NOT WRITE IN THIS SPACE

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]* DATE: 1/30/06

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	ROSE, LINDA
STREET ADDRESS	743 VILLA PORTOFINO CIR.
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	TD
NAME	RICCARDI, SHARON
STREET ADDRESS	757 VILLA PORTOFINO CIR
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	D
NAME	YABLIN, DAVID
STREET ADDRESS	739 VILLA PORTOFINA CIRCLE
CITY-ST-ZIP	DEERFIELD BCH, FL 33442
TITLE	PD
NAME	SEGERS, WILLIAM
STREET ADDRESS	713 VILLA PORTOFINO CIRCLE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	SD
NAME	VULPIS, SAM
STREET ADDRESS	773 VILLA PORTOFINO CIRCLE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	D
NAME	LAURICELLA, BARBARA
STREET ADDRESS	785 VILLA PORTOFINO CIRCLE
CITY-ST-ZIP	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: *[Signature]* Date: 2/15/06 Daytime Phone #: 754 3416346