


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90075 001 ****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
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DO NOT WRITE IN THIS SPACE



01072007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2501056	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWIFT MANAGEMENT & SOLUTIONS
 1750 UNIVERSITY DR
 #205
 CORAL SPRINGS, FL 33071

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

Filing Fee is \$61.25
Due by May 1, 2007

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

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 ERNIE KRAEMER RIGGARDI, SHARON 775 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 SEGGERS, 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 LAURIGELLA, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William F. Seggers* WILLIAM F. SEGGERS (ADLER)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 1/15/07 (954) 427-9571
 Daytime Phone #