

**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



01072007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-2501056

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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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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, 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	VD
NAME	ROSE, LINDA
STREET ADDRESS	743 VILLA PORTOFINO CIR.
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	TD ERNIE KRAEMER
NAME	RIGGARDI, SHARON
STREET ADDRESS	775 VILLA PORTOFINO CIR.
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	D
NAME	YABLIN, DAVID
STREET ADDRESS	739 VILLA PORTOFINO CIRCLE
CITY-ST-ZIP	DEERFIELD BCH, FL 33442
TITLE	PD
NAME	SEGBERS, 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	LAURIGELLA, BARBARA
STREET ADDRESS	785 VILLA PORTOFINO CIRCLE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM F. SEGBERS (SEGER)
1/15/07 Date (954) 427-9871 Daytime Phone