
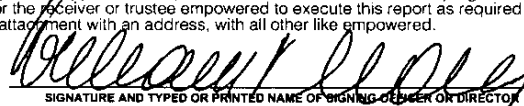


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90043 014 \*\*\*\*61.25

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # 768721</b><br>1. Entity Name<br><b>VILLA PORTOFINO HOMEOWNERS ASSOCIATION, INC.</b>  |  |   |  |    |  |
| Principal Place of Business<br><b>713 VILLA PORTOFINO CIR<br/>DEERFIELD BEACH, FL 33442 US</b>   |  |   | Mailing Address<br><b>C/O SWIFT MANAGEMENT SOLUTIONS, INC.<br/>1750 UNIVERSITY DRIVE, #2305<br/>CORAL SPRINGS, FL 33071 US</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |   |  |
| City & State   |  | City & State  |  |   |  |
| Zip  |  | Country   |  | Zip   |  |
| Country  |  | Country   |  |   |  |
| 4. FEI Number<br><b>59-2501056</b>   |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable                              |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |  | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>SWIFT MANAGEMENT &amp; SOLUTIONS<br/>1750 UNIVERSITY DR<br/>#205<br/>CORAL SPRINGS, FL 33071</b>  |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>ROSE, LINDA<br>743 VILLA PORTOFINO CIR.<br>DEERFIELD BEACH, FL 33442       | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>Lauricella, Richard<br>785 Villa Portofino Circle<br>Deerfield Beach, FL 33442 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>KRAGMER, ERNIE<br>775 VILLA PORTOFINO CIR<br>DEERFIELD BEACH, FL 33442     | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>Kraemer, Ernie<br>775 Villa Portofino Circle<br>Deerfield Beach, FL 33442     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>YABLIN, DAVID<br>739 VILLA PORTOFINO CIRCLE<br>DEERFIELD BCH, FL 33442      | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>Steinberg, Sander<br>747 Villa Portofino Circle<br>Deerfield Beach, FL 33442   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>SEGERS, WILLIAM<br>713 VILLA PORTOFINO CIRCLE<br>DEERFIELD BEACH, FL 33442 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>Riccardi, Sharon<br>757 Villa Portofino Circle<br>Deerfield Beach, FL 33442   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>VULPIS, SAM<br>773 VILLA PORTOFINO CIRCLE<br>DEERFIELD BEACH, FL 33442     | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>Wilson, Frances<br>725 Villa Portofino Circle<br>Deerfield Beach, FL 33442     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="border: 1px solid black; height: 40px; width: 100%;"></div>          | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>Neiman, Robert<br>797 Villa Portofino Circle<br>Deerfield Beach, FL 33442      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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. |  |   |  |   |  |
| <b>SIGNATURE:</b>   |  |   | 2/28/08 954-3416340<br><small>Date Daytime Phone #</small>   |   |  |