2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003782

FILED Apr 18, 2008 Secretary of State

Entity Name: PORTOFINO ON THE BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
3900 CLA	RK RD			
H-3 SARASOT	TA, FL 34233			
Current Mailing Address:		New Mailing Address:		
3900 CLA	RK RD			
H-3	TA, FL 34233			
	r: 03-0446234	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
		,	., .,	, ,
vame and	a Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
$\circ \land \circ \land \circ \land \circ$		110		
The above		US ubmits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
The above n the Stat	e named entity s e of Florida.		ourpose of changing its register	red office or registered agent, or both,
The above n the Stat	e named entity s e of Florida. RE:	ubmits this statement for the p		red office or registered agent, or both,
The above n the Stat SIGNATU	e named entity s e of Florida. RE: Electroni	ubmits this statement for the positions of the positions of Registered Agr	ent	Date
The above n the Stat SIGNATU	e named entity see of Florida. RE: Electroni S AND DIRECT	ubmits this statement for the procession of Registered Agronal Communication of Registered Agronal Com	ent	
The above n the State SIGNATU DFFICER Title: Name: Address:	e named entity s e of Florida. RE: Electroni S AND DIRECT PSTD () TRINGALI, MICH 3900 CLARK RE SARASOTA, FL	ubmits this statement for the process of Registered Agronal Registered Registe	ent ADDITIONS/CHANG Title: Name: Address:	Date SES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A TRINGALI PRES 04/18/2008