2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N01000008510

PORTOFINO AT SUN CITY CENTER FT. MYERS PROPERTY OWNERS ASSOCIATION, INC.



FILED

Feb 06, 2006 8:00 am Secretary of State

02-06-2006 90056 002 ****61.25

Principal Place of Business

Mailing Address

24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134		24301 WALDEN CENTER DRIVE SUITE 300 Bonita Springs, FL 34134			60011649		
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	lace of Business	3. Mailing Address	140				
9411 C Suite, Apt.	Apress lake Drive	Suite, Apt Vetc.	· Lake D	04470000	Che ND CD0E097	(11/05)	
2		2"		· ·	Chg-NP CR2E037		
City & State	Myars FL	City & State	- #Z	4. FEI Number 59-37593	16	Applied For Not Applicable	
Zip 24	Country	Zip	Country	5. Certificate of		3.75 Additional e Required	
337	. Name and Address of Current	Registered Agent	0477	7. Name and Ad	dress of New Registered Age	<u> </u>	
WCI COMMUNITIES PROPERTY MANAGEMENT INC							
	MUNITIES PROPERTY MANA LDEN CENTER DRIVE SUITE		Street Address (P.O. Box Number is Not Acceptable)				
BONITA SI	PRINGS, FL 34134			2000 M	Wagerrer u	740	
			9411 (City (*)	ilpress La	IKU BIKIVE DL	Zip Code	
			<u> </u>	Myers	FL	339 19	
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.							
Red - A M Professional Contraguence again.							
SIGNATURE .	Signature, typed or printed, ame of registered agent	ad Mile II equipable (AVIII)	Redistered Agent signature	E. Gelles,	CA17 1/3	1/06	
	Signature, typed or printed fame or registered at enti-	ind use ii applicable. (NO12:	Neustered Agent signature	required when resignating)	1 / / / / / / / / / / / / / / / / / / /	/	
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make check p Florida Departm	•	
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10.	OFFICERS AND DIF		11.		GES TO OFFICERS AND DIRE		
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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