

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90105 045 ****70.00

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01102007 Chg-NP CR2E037 (12/06)

DOCUMENT # N02000002632							
1. Entity Name POR TO VECCHIO AT MIRASOL PROPERTY OWNERS ASSOCIATION, INC.							
Principal Place of Business C/O LANG MGMT 6271 PGA BLVD #201 PALM BEACH GARDENS, FL 33418		Mailing Address C/O LANG MGMT 6271 PGA BLVD #201 PALM BEACH GARDENS, FL 33418					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 03-0423926			
Zip		Zip		Country			
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
ISAACSON, WILLIAM K LANG MANAGEMENT 6271 PGA BLVD #201 PALM BEACH GARDENS, FL 33418			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
NAME	WEXLER, HOWARD	NAME					
STREET ADDRESS	135 PORTO VECCHIO WAY	STREET ADDRESS					
CITY-ST-ZIP	PALM BEACH BEACH GARDENS, FL 33418	CITY-ST-ZIP					
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
NAME	ROSENBERG, ARTHUR	NAME					
STREET ADDRESS	219 PORTO VECCHIO WAY	STREET ADDRESS					
CITY-ST-ZIP	PALM BEACH BEACH GARDENS, FL 33418	CITY-ST-ZIP					
TITLE	2VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
NAME	SIEGEL, HOWARD	NAME					
STREET ADDRESS	2 GRASS FIELD RD	STREET ADDRESS					
CITY-ST-ZIP	KINGSPORT, NY 11024	CITY-ST-ZIP					
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
NAME	BARREA, BARBARA	NAME					
STREET ADDRESS	236 PORTO VECCHIO WAY	STREET ADDRESS					
CITY-ST-ZIP	PALM BEACH BEACH GARDENS, FL 33418	CITY-ST-ZIP					
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
NAME	MILLER, JOSEPH	NAME					
STREET ADDRESS	235 PORTO VECCHIO WAY	STREET ADDRESS					
CITY-ST-ZIP	PALM BEACH BEACH GARDENS, FL 33418	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
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 the authority of the corporation.							
SIGNATURE: _____			Date: 1/22/07				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 395-3740				