

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 03, 2008 8:00 am**  
**Secretary of State**

09-03-2008 90004 015 \*\*\*\*70.00

**DOCUMENT # N02000002632**



1. Entity Name  
**PORTO 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

Zip

Country

Zip

Country

08272008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**03-0423926**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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

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 September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **WEXLER, HOWARD**  
STREET ADDRESS **135 PORTO VECCHIO WAY**  
CITY-ST-ZIP **PALM BEACH BEACH GARDENS, FL 33418**

TITLE **VP** ☐ Delete  
NAME **ROSENBERG, ARTHUR**  
STREET ADDRESS **219 PORTO VECCHIO WAY**  
CITY-ST-ZIP **PALM BEACH BEACH GARDENS, FL 33418**

TITLE **2VP** ☐ Delete  
NAME **SIEGEL, HOWARD**  
STREET ADDRESS **2 GRASS FIELD RD**  
CITY-ST-ZIP **KINGSFORT, NY 11024**

TITLE **T** ☐ Delete  
NAME **BARREA, BARBARA**  
STREET ADDRESS **236 PORTO VECCHIO WAY**  
CITY-ST-ZIP **PALM BEACH BEACH GARDENS, FL 33418**

TITLE **S** ☒ Delete  
NAME **MILLER, JOSEPH**  
STREET ADDRESS **235 PORTO VECCHIO WAY**  
CITY-ST-ZIP **PALM BEACH BEACH GARDENS, FL 33418**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 all other like empowered.

SIGNATURE:

*Handwritten Signature* President 8/27/08 561-626-8283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #