2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002632

FILED Apr 22, 2009 Secretary of State

Entity Name: PORTO VECCHIO AT MIRASOL PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
C/O LANG MGMT 6271 PGA BLVD #201 PALM BEACH GARDENS, FL 33418				C/O LANG MANAGEMENT 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486			
Current Mailing Address:				New Mailing Address:			
C/O LANG MGMT 6271 PGA BLVD #201 PALM BEACH GARDENS, FL 33418				C/O LANG MANAGEMENT 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486			
FEI Number: (03-0423926	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status	Desired (X)
Name and	Address of Cu	rrent Registered Agent:		Name and	Address of I	New Registered Ag	jent:
ISAACSON, WILLIAM K LANG MANAGEMENT 6271 PGA BLVD #201 PALM BEACH GARDENS, FL 33418 US The above named entity submits this statement for the purpose o				ISAACSON, WILLIAM K LANG MANAGEMENT 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486 US			
in the State		brillis tills statement for the pr	ui pose o	r changing it	s registered (office of registered a	igent, or both,
SIGNATURE:				04/22/2009			
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	P () D WEXLER, HOWA 135 PORTO VEC PALM BEACH BE	RD		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () D ROSENBERG, AF 219 PORTO VEC PALM BEACH BE	RTHUR		Title: Name: Address: City-St-Zip:	DELAROSA, R 125 PORTO VE		33418
Title: Name: Address: City-St-Zip:	2VP () Delete SIEGEL, HOWARD 2 GRASS FIELD RD : KINGSPORT, NY 11024			Title: Name: Address: City-St-Zip:	VP (X) Change () Addition SIEGEL, HOWARD 154 PORTO VECCHIO WAY PALM BEACH GARDENS, FL 33418		
Title: Name: Address: City-St-Zip:	BARREA, BARBA 236 PORTO VEC			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	COHEN, MARVIN 228 PURTO VECO	elete CHIO WAY RDENS, FL 33418		Title: Name: Address: City-St-Zip:	SPIGELMAN, N 291 PORTO VE		

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: HOWARD WEXLER PRES 04/22/2009