

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90224 047 ****61.25

DOCUMENT # N03000002825					
1. Entity Name PORTOFINO BAY PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 21218 ST ANDREWS BLVD STE 510 BOCA RATON, FL 33433			Mailing Address 21218 ST ANDREWS BLVD STE 510 BOCA RATON, FL 33433		
<i>C/o The Continental Group Inc.</i>					
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01142004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number <u>80-0063445</u>	
Zip		Zip		Applied For Not Applicable	
Country		Country		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		
GREENFIELD, STEVEN B ESQ. 7000 W PALMETTO PARK RD STE 402 BOCA RATON, FL 33433			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, 2004		9. Election Campaign Financing ☐ \$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 NAME STREET ADDRESS CITY - ST - ZIP	DP VILLAMAN, NANCY 21218 ST ANDREWS BLVD STE 510 BOCA RATON, FL 33433	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BUCHLER, DIANE 21218 ST ANDREWS BLVD STE 510 BOCA RATON, FL 33433	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST CHANDLER, MARIE 21218 ST ANDREWS BLVD STE 510 BOCA RATON, FL 33433	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4/27/04</u> Daytime Phone # <u>305 255 3000</u>		