

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002825

FILED
May 01, 2009
Secretary of State

Entity Name: PORTOFINO BAY PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

381 N KROME AVE STE 205
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 901773
HOMESTEAD, FL 33090

New Mailing Address:

FEI Number: 80-0063445 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SKRLD, INC
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VILLAGE, MANUEL
Address: 3741 NE 23 COURT
City-St-Zip: HOMESTEAD, FL 33033

Title: SD () Delete
Name: VILLA, LEDA P
Address: 2323 NE 37 TERRACE
City-St-Zip: HOMESTEAD, FL 33033

Title: TD () Delete
Name: CHAVEZ, MIQUEL
Address: 2318 NE 37 TERRACE
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VILLATE, MANUEL
Address: 3741 NE 23 COURT
City-St-Zip: HOMESTEAD, FL 33033

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MANUEL VILLATE

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date