2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000002827

TI FILED
Oct 30, 2006
Secretary of State

Entity Name: PORTOFINO ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

THE CONTINENTALGROVE 11981 SW 144 CT 201 MIAMI, FL 33186 C/O ALTON MADISON PROPERTY MANGEMENT 381 N KROME AVENUE #205

HOMESTEAD, FL 33030

Current Mailing Address:

New Mailing Address:

C/O THE CONTINENTIAL GROUP INC 11981 SW 144 CT #201 C/O ALTON MADISON PROPERTY MANGEMENT PO BOX 901773

HOMESTEAD, FL 33090

FEI Number: 80-0063443

MIAMI, FL 33186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HYMANM SPECTOR, MARS LLP 150 W FLAGLER ST 27 FL MIAMI, FL 33130 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARROTE, ANGEL
Address: 2214 NE 41 AVE

City-St-Zip: HOMESTEAD, FL 33035

Title: VP () Delete
Name: ADLER, MARC
Address: 4101 NE 22 LN

City-St-Zip: HOMESTEAD, FL 33035

 Title:
 ST () Delete

 Name:
 CAROTHERS, LAURI

 Address:
 4109 NE 22 LANE

 City-St-Zip:
 HOMESTEAD, FL 33033

Title: () Delete

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

Name: BARRERA, NOEL
Address: 2238 NE 41 AVENUE
City-St-Zip: HOMESTEAD, FL 33033

Title: PD (X) Change () Addition

Name: ADLER, MARC Address: 4101 NE 22 LN

City-St-Zip: HOMESTEAD, FL 33033

Title: VPD (X) Change () Addition

Name: CAROTHERS, LAURI Address: 4109 NE 22 LANE City-St-Zip: HOMESTEAD, FL 33033

Title: T () Change (X) Addition

Name: BURTON, LARRY

Address: 2230 PORTOFINO AVENUE City-St-Zip: HOMESTEAD, FL 33033

I hereby certify that the information supplied with this filing does not qualify for the 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: MARC ADLER P 10/30/2006