

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002827

FILED
Apr 29, 2007
Secretary of State

Entity Name: PORTOFINO ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O ALTON MADISON PROPERTY MANGEMENT
381 N KROME AVENUE #205
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

C/O ALTON MADISON PROPERTY MANGEMENT
PO BOX 901773
HOMESTEAD, FL 33090

New Mailing Address:

FEI Number: 80-0063443 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SIEGFRIED & ASSOCIATES, PA
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 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: MARIA ARIAS

04/29/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BARRERA, NOEL
Address: 2238 NE 41 AVENUE
City-St-Zip: HOMESTEAD, FL 33033

Title: PD () Delete
Name: ADLER, MARC
Address: 4101 NE 22 LN
City-St-Zip: HOMESTEAD, FL 33033

Title: VPD () Delete
Name: CAROTHERS, LAURI
Address: 4109 NE 22 LANE
City-St-Zip: HOMESTEAD, FL 33033

Title: T () Delete
Name: BURTON, LARRY
Address: 2230 PORTOFINO AVENUE
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: M ADLER

P

04/29/2007

Electronic Signature of Signing Officer or Director

Date