2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002827

FILED Apr 20, 2008 Secretary of State

Entity Name: PORTOFINO ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 80-0063443 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:

SIEGFRIED & ASSOCIATES, PA

201 ALHAMBRA CIRCLE 201 ALHAMBRA CIRCLE

SUITE 1102 SUITE 1102

CORAL GABLES, FL 33134 US 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.

SKRLD, INC

SIGNATURE: MARIA ARIAS, ESQ 04/20/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition BARRERA, NOEL Name: BARRERA, NOEL Name: 2238 NE 41 AVENUE Address: 2238 NE 41 AVENUE Address: City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: HOMESTEAD, FL 33033 Title: PD Title: () Delete () Change () Addition ADLER, MARC Name: Name: Address: 4101 NE 22 LN Address: City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: Title: VPD () Delete Title: (X) Change () Addition CAROTHERS, LAURI CAROTHERS, LAURI Name: Name: Address: 4109 NE 22 LANE Address: 4109 NE 22 LANE City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: HOMESTEAD, FL 33033

Title: T () Delete Title: TD (X) Change () Addition

 Title:
 T
 () Delete
 Title:
 TD
 (X) Change (

 Name:
 BURTON, LARRY
 Name:
 BURTON, LARRY

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

Title: SD () Change (X) Addition

 Name:
 Name:
 SEILKOP, TIMOTHY

 Address:
 Address:
 2234 NE 41 AVENUE

 City-St-Zip:
 City-St-Zip:
 HOMESTEAD, FL 33033

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 ELLIOT, MONICA L

 Address:
 Address:
 2227 NE 41 AVENUE

 City-St-Zip:
 City-St-Zip:
 HOMESTEAD, FL 33033

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: MARC ADLER P 04/20/2008