2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N03000002827

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 ( )**
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:	VPD	( ) Delete
Name:	BARRERA, NOEL	
Address:	2238 NE 41 AVENUE	
City-St-Zip:	HOMESTEAD, FL 33033	
Title:	PD	(X) Delete
Name:	ADLER, MARC	
Address:	4101 NE 22 LN	
City-St-Zip:	HOMESTEAD, FL 33033	
Title:	D	( ) Delete
Name:	CAROTHERS, LAURI	
Address:	4109 NE 22 LANE	
City-St-Zip:	HOMESTEAD, FL 33033	
Title:	TD	(X) Delete
Name:	BURTON, LARRY	
Address:	2230 PORTOFINO AVENUE	
City-St-Zip:	HOMESTEAD, FL 33033	
Title:	SD	( ) Delete
Name:	SEILKOP, TIMOTHY	
Address:	2234 NE 41 AVENUE	
City-St-Zip:	HOMESTEAD, FL 33033	
Title:	D	( ) Delete
Name:	ELLIOT, MONICA L	
Address:	2227 NE 41 AVENUE	
City-St-Zip:	HOMESTEAD, FL 33033	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	BARRERA, NOEL	
Address:	2238 NE 41 AVENUE	
City-St-Zip:	HOMESTEAD, FL 33033	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	CAROTHERS, LAURI	
Address:	4109 NE 22 LANE	
City-St-Zip:	HOMESTEAD, FL 33033	
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: NOEL BARRERA P 05/01/2009

Electronic Signature of Signing Officer or Director — Date