2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002827

FILED Apr 24, 2010 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

C/O ALTON MADISON PROPERTY MANGEMENT
381 N KROME AVENUE #205

HOMESTEAD, FL 33090 HOMESTEAD, FL 33030

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:

SKRLD, INC 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

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

Title: TD

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

Title: VPD

Name: SEILKOP, TIMOTHY
Address: 2234 NE 41 AVENUE
City-St-Zip: HOMESTEAD, FL 33033

Title: [

Name: ELLIOT, MONICA L Address: 2227 NE 41 AVENUE City-St-Zip: HOMESTEAD, FL 33033

Title: SD

Name: BARRERA, ABEL

Address: 381 N KROME AVENUE 205 City-St-Zip: HOMESTEAD, FL 33030

I hereby 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 all other like empowered.

SIGNATURE: NOEL BARRERA P 04/24/2010