

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002827

FILED
May 01, 2011
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
381 N KROME AVENUE #205
HOMESTEAD, FL 33030

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:

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

Title: D
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: TIM SEILKOP

P

05/01/2011

Electronic Signature of Signing Officer or Director

Date