


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000002843

1. Entity Name
PORTOFINO SHORES PROPERTY OWNERS ASSOCIATION, INC.




SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 25 AM 9:36

Principal Place of Business Portofino Shores POA 5720 Spanish River Rd. Clubhouse Ft. Pierce, Fl. 34957	Mailing Address Portofino Shores POA 5720 Spanish River Rd. Clubhouse Ft. Pierce, Fl. 34957
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



09292006 Chg-NP CR2E037 (4/06)

4. FEI Number 80-0063460	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Sachs, S&K Klein, P.A.
Steven G. Rappaport
1850 SW Fountainview Blvd.
Suite #207
Port St. Lucie, Fl. 34986

7. Name and Address of New Registered Agent

Name: **STEVEN G. RAPPAPORT, ESQ.**
Street Address (P.O. Box Number is Not Acceptable):
301 YAMATO RD., SUITE 4150
City: **BOCA RATON** FL Zip Code: **33431**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Steven G. Rappaport* DATE: **10/10/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE	DPST VANELLA, LORRAINE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2950 N 28TH TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	DV FORTIER, GEOVANNA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2950 N 28TH TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	DV CHANDLER, MARIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2950 N 28TH TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President Jilliann Collins	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6208 Santa Margarito Drive	
CITY-ST-ZIP	Ft. Pierce, Fl 34951	
TITLE	Vice President Yvonne Bruno	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6205 Santa Margarito Drive	
CITY-ST-ZIP	Ft. Pierce, Fl 34951	
TITLE	Treasurer Karen Kovatsi	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6312 Spring Lake Terrace	
CITY-ST-ZIP	Ft. Pierce, Fl 34951	
TITLE	Secretary Amber Reed	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5912 Spring Lake Terrace	
CITY-ST-ZIP	Ft. Pierce, Fl 34951	
TITLE	Director Joseph Noel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5620 Spanish River Road	
CITY-ST-ZIP	Ft. Pierce, Fl. 34951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **10.2.06** (772) DAYTIME PHONE #: **460.1660**

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10/25/06-01085-004 **61.25