

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90018 038 \*\*\*\*61.25



**DOCUMENT # N03000002843**  
1. Entity Name  
**PORTOFINO SHORES PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business  
**21278 ST ANDREWS BLVD STE 570  
BOCA RATON, FL 33433**  
**5720 Spanish River Rd  
FORT PIERCE FL 34951**

Mailing Address  
**21278 ST ANDREWS BLVD STE 570  
BOCA RATON, FL 33433**  
**Change (See below)**



2. Principal Place of Business - No P.O. Box #  
**5720 Spanish River Rd**

3. Mailing Address  
**5720 Spanish River Rd**

Suite, Apt. #, etc.

04032007 Chg-NP CR2E037 (12/06)

City & State  
**Fort Pierce FL**

City & State  
**Fort Pierce FL**

4. FEI Number  
**80-0063460**

Applied For  
 Not Applicable

Zip  
**34951**

Country  
**USA**

Zip  
**34951**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RAPPAPORTD, STEVEN G ESQ  
301 YAMATO ROAD, STE 4150  
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to:  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COLLINS, JILLIANN</b> <b>6208 SANTA MARGARITO DRIVE</b> <b>FORT PIERCE, FL 34951</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BRUNO, YVONNE</b> <b>6205 SANTA MARGARITO DRIVE</b> <b>FORT PIERCE, FL 34951</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KOVATSI, KAREN</b> <b>6312 SPRING LAKE TERRACE</b> <b>FORT PIERCE, FL 34951</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>REED, AMBER</b> <b>5912 SPRING LAKE TERRACE</b> <b>FORT PIERCE, FL 34951</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NOEL, JOSEPH</b> <b>5620 SPANISH RIVER ROAD</b> <b>FORT PIERCE, FL 34951</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Karen Kovatsi, P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6312 Spring Lake Terrace</b> <b>Fort Pierce, FL 34951</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NOEL, Joseph VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5620 Spanish River Rd</b> <b>Fort Pierce FL 34951</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Lobianco, Joseph T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>5757 Spanish River Road</b> <b>Fort Pierce FL 34951</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Karen M. Kovatsi, President **4.5.07** **(72) 467-2080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #