

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Nov 04, 2010
Secretary of State**

DOCUMENT# N03000002843

Entity Name: PORTOFINO SHORES PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5720 SPANISH RIVER RD
FORT PIERCE, FL 34951**New Principal Place of Business:****Current Mailing Address:**5720 SPANISH RIVER RD
FORT PIERCE, FL 34951**New Mailing Address:**

FEI Number: 80-0063460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:ROSS, EARLE, & BONAN P.A.
759 S. FEDERAL HWY
SUITE 212
STUART, FL 34994 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: P
Name: PATEL, MAYUR
Address: 430 NW LAKE WHITNEY PLACE
City-St-Zip: PORT ST LUCIE, FL 34986Title: VP
Name: EGIDIO, FRANK
Address: 430 NW LAKE WHITNEY PLACE
City-St-Zip: PORT ST LUCIE, FL 34986Title: T
Name: ROHR, STEFFI
Address: 430 NW LAKE WHITNEY PLACE
City-St-Zip: PORT ST LUCIE, FL 34986Title: S
Name: NAZAR, BARBARA
Address: 430 NW LAKE WHITNEY PLACE
City-St-Zip: PORT ST LUCIE, FL 34986Title: D
Name: RANKS, NANCY
Address: 430 NW LAKE WHITNEY PLACE
City-St-Zip: PORT ST LUCIE, FL 34986

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: BARBARA NAZAR

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11/04/2010

Electronic Signature of Signing Officer or Director_____
Date