

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

5 **FILED**  
**Jul 18, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90303 036 \*\*\*\*61.25

<b>DOCUMENT # N04000002567</b> 1. Entity Name PORTOFINO VI CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 600 CORPORATE DRIVE SUITE 102 FORT LAUDERDALE, FL 33334		Mailing Address 600 CORPORATE DRIVE SUITE 102 FORT LAUDERDALE, FL 33334	
2. Principal Place of Business <b>Advanced Property Management Service, Inc.</b> Suite Apt # 216 1035 Collier Center Way, #7 Naples, FL 34110		3. Mailing Address <b>Advanced Property Management Service, Inc.</b> Suite Apt # 216 1035 Collier Center Way, #7 Naples, FL 34110	
Zip _____ Country _____		Zip _____ Country _____	
4. FEI Number 20-0851027		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  HASTINGS, CHERYL L ESQ GRANT FRIDKIN PEARSON ET AL 5551 RIDGEWOOD DRIVE SUITE 501 NAPLES, FL 34108		7. Name and Address of New Registered Agent  <b>Advanced Property Management Service, Inc.</b> 1035 Collier Center Way, #7 Naples, FL 34110 FL	
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: <u><i>Susan L. Royce</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAN JOSE, TIRSO 600 CORPORATE DRIVE SUITE 102 FORT LAUDERDALE, FL 33334 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT Kielkowski, RON 12020 Lucca St. # 201 FORT MYERS, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZITTMANN, MICHAEL 600 CORPORATE DRIVE SUITE 102 FORT LAUDERDALE, FL 33334 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VALDIVIA, ALBERT 600 CORPORATE DRIVE SUITE 102 FORT LAUDERDALE, FL 33334 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <u><i>Katharine McDaniel</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date _____		Daytime Phone # _____	

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