## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 18, 2006 8:00 am Secretary of State 05-08-2006 90303 036 \*\*\*\*61.25

Principal Place of Business   Good CoRPOART EDRIVE SUITE 102   GOOD CORPOARTE DRIVE SUITE 103   G	1. Entity Name PORTOFINO VI CONDOMINIUM ASSOCIATION, INC.									
Advanced Property  Mathage friend Service, Inc.  1035 Collier Center Way, #7  Naples, FI 34110  Zo County  Zo	600 CORPORATE DRIVE SUITE 102		600 CORPORATE DRIVE SUITE 102		66021931					
Mathagement Service, Inc.  1035, Coulier Center Way, #7  Con 6 SNaples, F1 34110  Naples, F1 34110  Name  Country  Service, Inc.  Name and Address of Current Registered Agent  HASTINGS, CHERYL, L. ESO GRANT FRIXON PEARSON ET AL.  SSSI RIDGEWOOD DRIVE SUITE 501  NAPLES, F1 34100  In The above named entity submits this submericity for the purpose of changing its registered office or registered agent. or born, in the State of Florida. I am familiar with, and accept the obligations or Physicians of Systems of					rtv					
Manageritett Way, #7 Naples, FI 34110  70						00040000				
Naples, FI 34110  Zip Country			1035 Collier Center Way #			7	hg-NP 	CR2E037 (11/0	·	
Country  Country  Country  S. Certificate of Status Desired  S. Name and Address of Current Registered Agent  T. Mame and Address of New Registered Agent  T. Mame and Address of New Registered Agent  Name  GRANT FRIDKIN PEARSON ET AL.  SSTREI RIDGEWOOD DRIVE SUITE 501  NAPLES, FL 34100  B. The above named seriey automist his sattement for the outpoose of changing its registered office or registered agent, or both. in the State of Flooria. I am familiar with, and accept the outgoings or offigurered agent.  SIGNATURE  STORMANDER FOR TAULOF FOR AND DIRECTORS  TITLE  Due by May 1, 2006  TITLE  D. OFFICERS AND DIRECTORS  TITLE  D. OFFICERS  TITLE  TITLE  D. OFFICERS  TITLE  D. OFFICERS  TITLE  D. OFFICERS  TITLE  TITLE	Nonley El 3/110		Naples, FL 34110		0	4. FEI Number				
Name   Sire   Address (PU Set/ABORIS   Proposition   Pro	Zip	Country			,	5. Certificate of S	tatus Desired			
HASTINGS, CHERYL LESO GRANT RIDIOKIN PEARSON ET AL. 5551 RIDGEWOOD DRIVE SUITE 501  NAPLES, FL 34106  8. The above named entry 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 colligations office agent, or both, in the State of Florida. I am familiar with, and accept the colligations of floridations agent, or both, in the State of Florida. I am familiar with, and accept the colligations of floridations.  Filling Fee is \$81.25  Due by May 1, 2006  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TIME NAME SINET ADDRESS  SON CORPORATE DRIVE SUITE 102 CHI-SI-JP FORT LAUDERDALE, FL 33334  TIME DEED SINET ADDRESS  OFFI LAUDERDALE, FL 33334  TIME DEED SINET ADDRESS  OFFI LAUDERDALE, FL 33334  TIME NAME SINET ADDRESS  OFFI LAU	6. Name and Address of Current Registered Agent					7. Name and Add	iress of New F	legistered Agent		
Management Service, Inc.  NAPLES, FL 34108    City   Naples, FL 34110   FL   Zip Code										
Cry Naples, FL 34110 FL Izp Code  8. The above named entity authorise this statement for the purpose of changing its registered office or registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of organization of production of the purpose of changing its registered office or registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of organization of production.    Filling Foo is \$61.25										
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of fligitatered agent.  SIGNATURE  SIGNAT	NAPLES, FL 34108				1035 Collier Center Way, #7					
SIGNATURE  Signame, you to greate name of registered apent.  Filling Foe is \$61.25  Due by May 1, 2006  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  SAN JOSE, TIRSO SAN JOSE, TIRSO SON CORPORATE DRIVE SUITE 102  OTFI-SI-ZP  FORT LAUDERDALE, FL 33334  Deltes  TILE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  MAE  STREET ACCRESS  TILE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  TILE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  TILE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  TILE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  TILE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  TILE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  TILE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  TILE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  TILE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  TILE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  TILE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  TILE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  TILE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  TILE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  TILE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  TILE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Change Addition  TILE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Change Addition  TILE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Change Addition  TILE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Change Addition  TILE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Change Addition  TILE  ADDITIONS/CHANGES TO OFFICERS  ADDITIONS/CHANGES TO OFFICERS  ADDITIONS/CHANGES TO OFFICERS  ADDITIONS/CHANGES TO OFFICERS  ADDITIONS								O FL		
Due by May 1, 2006	the obligations of egistered agent.  SIGNATURE SUSPENSION STATE SUSPENSION SUSPENSION SUSPENSION STATE SUSPENSION									
TITLE NAME SAN JOSE, TIRSO 800 CORPORATE DRIVE SUITE 102 GTY-ST-2P FORT LAUDERDALE, FL 33334  TITLE NAME SIREET ADDRESS CTY-ST-2P TITLE D VALDIVIA, ALBERT GOO CORPORATE DRIVE SUITE 102 FORT LAUDERDALE, FL 33334  TITLE NAME SIREET ADDRESS CTY-ST-2P TITLE NAME SIRET ADDRESS CTY-ST-2P TITLE NAME SIRET ADDRESS CTY-ST-2P TITLE NAME SIRET ADDRESS CTY-ST-2P T							1			
NAME SIRET ADDRESS ORO CORPORATE DRIVE SUITE 102 OFF.ST-2P FORT LAUDERDALE, FL 33334  TITLE NAME SIRET ADDRESS ORO CORPORATE DRIVE SUITE 102 TITLE NAME SIRET ADDRESS ORO CORPORATE DRIVE SUITE 102 TITLE NAME SIRET ADDRESS ORO CORPORATE DRIVE SUITE 102 SIRET ADDRESS ORO CORPORATE DRIVE SUITE 102 TITLE NAME SIRET ADDRESS CITY-ST-2P  TO Change Addition Addition Addition Addition Addition Addition Addition Addition ADDRESS CITY-ST-2P  TO Change Addition ADDRESS CITY-ST-2P  TO Chan			1/		PROS	ADDITIONS/CHANG	ES TO OFFICE			
TITLE D Change   Addition MAKE STREET ADDRESS   CITY-ST-ZP   CONTINUE   Change   Addition MAKE STREET ADDRESS   CONTINUE   Change   Addition MAKE STREET ADDRESS   CITY-ST-ZP   CONTINUE   Change   Addition MAKE STREET ADDRESS   CITY-ST-ZP   CONTINUE   Change   Addition MAKE STREET ADDRESS   CITY-ST-ZP   CHANGE   CITY-ST-ZP   CIT	NAME	SAN JOSE, TIRSO	ſ	NAME	Kie	Ikowski	, RON	0 - \	ADDITION	
TITLE D ZITZMANN, MICHAEL SINGE ADDRESS GROUND CORPORATE DRIVE SUITE 102 CITY-ST-ZP FORT LAUDEROALE, FL 33334 CITY-ST-ZP TITLE MAKE SIREE ADDRESS GROUND CORPORATE DRIVE SUITE 102 CITY-ST-ZP TITLE MAKE SIREE ADDRESS GROUND CORPORATE DRIVE SUITE 102 CITY-ST-ZP TITLE MAKE SIREE ADDRESS CITY-ST-ZP TITLE MAKE SIREE ADDRESS CITY-ST-ZP TITLE MAKE SIREET ADDRESS CITY-ST-ZP TITLE MAKE SI			102		120	go lucco og nu so	LST - 77 C (27)	23912		
INME   ZITZMANN, MICHAEL   SITEST ADDRESS   G00 CORPORATE DRIVE SUITE 102   SITEST ADDRESS   FORT LAUDERDALE, FL 33334   SITEST ADDRESS   SITE	TITLE		<b>™</b> Ociete	TITLE	1,0,	- 1 117 6	3 ,		nge Addition	
CITY-ST-ZP  TITLE NAME VALDIVIA, ALBERT 600 CORPORATE DRIVE SUITE 102 FORT LAUDERDALE, FL 33334  TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME		· ·	,							
STREET ADDRESS CITY-ST-ZIP TITLE TIT			102		`					
STREET ADDRESS CITY-ST-ZIP TITLE INAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 outh; that I am an officer or director of the opporation of 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 attachmen) with an address, with all other/fike empowered.  SIGNATURE:		=	S Civeleta					Cha	nge 🔲 Addition	
TITLE   Delete   TITLE   Addition   AMAIE   STREET ADDRESS   CITY-ST-ZIP   TITLE   Change   Addition   Addition   AMAIE   AMAIE   AMAIE   AMAIE   AMAIE   AMAIE   Addition   AMAIE   Addition   Addition   AMAIE   AMA			102		;	-				
NAME STREET ADDRESS CITY-ST-ZIP  TITLE   Delete   TITLE   Delete   Addition   NAME STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   TITLE   Delete   TITLE   NAME STREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP    12. I hereby certify that the information supplied with this filling does not quality 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 rike empowered.  SIGNATURE:		FORT LAUDERDALE, FL 33334			<u> </u>					
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 tike empowered.  SIGNATURE:	Ē.		☐ Delete					L) Cha	nge Li Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. Thereby certify that the information supplied with this filling 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:				•	3					
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not quality 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:			☐ Delate		<del> </del>			☐ Cha	nge 🔲 Addition	
CITY-ST-ZIP  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not quality 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 fike empowered.  SIGNATURE:	1									
STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not quality 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 fixe empowered.  SIGNATURE:	1				1					
STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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:			☐ Delete					☐ Cha	nga 🗀 Addition	
12. I hereby certify that the information supplied with this filling 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:	l .			1	5				ı	
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 rike empowered.  SIGNATURE:	<b>.</b>					·				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Descriptions										