# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 02, 2007 8:00 am**
**Secretary of State**
05-02-2007 90084 025 ****61.25

DOCUMENT # N04000002567

1. Entity Name
PORTOFINO VI CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1035 COLLIER CENTER WAY<br>SUITE 7<br>NAPLES, FL 34110 | 1035 COLLIER CENTER WAY<br>SUITE 7<br>NAPLES, FL 34110 |

c/o Advanced Property Mgt.

01082007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 1035 Collier Center Way | 1035 Collier Center Way |
| Suite, Apt. #, etc.: Suite 7 | Suite, Apt. #, etc.: Suite 7 |
| City & State: Naples FL | City & State: Naples FL |
| Zip: 34110 Country: | Zip: 34110 Country: |

4. FEI Number: 20-0851027 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HASTINGS, CHERYL L ESQ<br>ADVANCED PROPERTY MGMT SVC,INC.<br>1035 COLLIER CENTER WAY SUITE 7<br>NAPLES, FL 34110 | Name: SUSAN C. THOMPSON<br>Street Address (P.O. Box Number is Not Acceptable): 1035 Collier Center Way<br>Suite 7<br>City: Naples FL Zip Code: 34110 |

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: Susan L. Thompson SUSAN C. THOMPSON 1/17/07
Signature, typed or printed name of registered agent and title if applicable. (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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>KIELKOWSKI, RON<br>12020 LUCCA ST SUITE 201<br>FORT MYERS, FL 33912 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Teri Farr<br>12140 Lucca St #102<br>Ft. Myers, FL. 33912 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Susan Fick<br>7041 San Lorenzo Ct #101<br>Ft Myers, FL. 33912 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treas<br>Robert Brooks<br>12130 Lucca St. #201<br>Ft. Myers, FL. 33912 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Sec<br>Forrest Manzer<br>7050 San Lorenzo Ct #202<br>Ft. Myers, FL. 33912 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Kathy Dail<br>7071 San Lorenzo Ct. #101<br>Ft. Myers, FL-33912 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☑ 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:** Robert M Brooks ROBERT M. BROOKS 2/27/07 617-416-6144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #