


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90071 008 ****61.25

DOCUMENT # N04000002576 1. Entity Name PORTOFINO II CONDOMINIUM ASSOCIATION, INC.																																																																																																																																																					
Principal Place of Business ADVANCED PROPERTY MANAGEMENT 1035 COLLIER CTR WAY #7 NAPLES, FL 34110			Mailing Address ADVANCED PROPERTY MANAGEMENT 1035 COLLIER CTR WAY #7 NAPLES, FL 34110																																																																																																																																																		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																			
City & State		City & State																																																																																																																																																			
Zip	Country	Zip	Country																																																																																																																																																		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																																																	
THOMPSON, SUSAN L ADVANCED PROPERTY MANAGEMENT 1035 COLLIER CTR WAY #7 NAPLES, FL 34110				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																																	
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>																																																																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SAN JOSE, TIRSO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>600 CORPORATE DRIVE SUITE 102</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33334</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ZITZMANN, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>600 CORPORATE DRIVE SUITE 102</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33334</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VALDIVIA, ALBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>600 CORPORATE DRIVE SUITE 102</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33334</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">DP</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Peter Duguay</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7100 Bergamo Way #101</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Ft. Myers, FL 33966</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DVP</td> <td style="text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Rebecca Helwig</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7120 Bergamo Way #202</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Ft. Myers, FL 33966</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DS</td> <td style="text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Barbara Cleaver</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7160 Bergamo Way #102</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Ft. Myers, FL 33966</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DT</td> <td style="text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Kurt Ecelbarger</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7100 Bergamo Way #201</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Ft. Myers, FL 33966</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	SAN JOSE, TIRSO		STREET ADDRESS	600 CORPORATE DRIVE SUITE 102		CITY-ST-ZIP	FORT LAUDERDALE, FL 33334		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	ZITZMANN, MICHAEL		STREET ADDRESS	600 CORPORATE DRIVE SUITE 102		CITY-ST-ZIP	FORT LAUDERDALE, FL 33334		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	VALDIVIA, ALBERT		STREET ADDRESS	600 CORPORATE DRIVE SUITE 102		CITY-ST-ZIP	FORT LAUDERDALE, FL 33334		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Peter Duguay		STREET ADDRESS	7100 Bergamo Way #101		CITY-ST-ZIP	Ft. Myers, FL 33966		TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Rebecca Helwig		STREET ADDRESS	7120 Bergamo Way #202		CITY-ST-ZIP	Ft. Myers, FL 33966		TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Barbara Cleaver		STREET ADDRESS	7160 Bergamo Way #102		CITY-ST-ZIP	Ft. Myers, FL 33966		TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Kurt Ecelbarger		STREET ADDRESS	7100 Bergamo Way #201		CITY-ST-ZIP	Ft. Myers, FL 33966		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete																																																																																																																																																			
NAME	SAN JOSE, TIRSO																																																																																																																																																				
STREET ADDRESS	600 CORPORATE DRIVE SUITE 102																																																																																																																																																				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334																																																																																																																																																				
TITLE	D	<input checked="" type="checkbox"/> Delete																																																																																																																																																			
NAME	ZITZMANN, MICHAEL																																																																																																																																																				
STREET ADDRESS	600 CORPORATE DRIVE SUITE 102																																																																																																																																																				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334																																																																																																																																																				
TITLE	D	<input checked="" type="checkbox"/> Delete																																																																																																																																																			
NAME	VALDIVIA, ALBERT																																																																																																																																																				
STREET ADDRESS	600 CORPORATE DRIVE SUITE 102																																																																																																																																																				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334																																																																																																																																																				
TITLE		<input type="checkbox"/> Delete																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
TITLE		<input type="checkbox"/> Delete																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
TITLE		<input type="checkbox"/> Delete																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																																			
NAME	Peter Duguay																																																																																																																																																				
STREET ADDRESS	7100 Bergamo Way #101																																																																																																																																																				
CITY-ST-ZIP	Ft. Myers, FL 33966																																																																																																																																																				
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																																			
NAME	Rebecca Helwig																																																																																																																																																				
STREET ADDRESS	7120 Bergamo Way #202																																																																																																																																																				
CITY-ST-ZIP	Ft. Myers, FL 33966																																																																																																																																																				
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																																			
NAME	Barbara Cleaver																																																																																																																																																				
STREET ADDRESS	7160 Bergamo Way #102																																																																																																																																																				
CITY-ST-ZIP	Ft. Myers, FL 33966																																																																																																																																																				
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																																			
NAME	Kurt Ecelbarger																																																																																																																																																				
STREET ADDRESS	7100 Bergamo Way #201																																																																																																																																																				
CITY-ST-ZIP	Ft. Myers, FL 33966																																																																																																																																																				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
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>Peter E. Duguay</u> 4/25/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																					



01082007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-0850576 Applied For
Not Applicable

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