2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 02, 2008 8:00 am Secretary of State 05-02-2008 90154 025 ****61.25 DOCUMENT # N04000002576 PORTOFINO II CONDOMINIUM ASSOCIATION, INC. 40094106 Principal Place of Business Mailing Address ADVANCED PROPERTY MANAGEMENT ADVANCED PROPERTY MANAGEMENT 1035 COLLIER CTR WAY #7 1035 COLLIER CTR WAY #7 NAPLES, FL 34110 NAPLES, FL 34110 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112008 Chq-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 20-0850576 Not Applicable 7in Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMPSON, SUSAN L Street Address (P.O. Box Number is Not Acceptable) ADVANCED PROPERTY MANAGEMENT 1035 COLLIER CTR WAY #7 NAPLES, FL 34110 Zip Code 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 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS ☐ Change TITLE Delete TITLE DUGUAY, PETER NAME NAME 7100 BERTAMO WAY #101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS, FL 33966 TITLE ☐ Change TILE DP GELWIG, RIECCA NAME STREET ADDRESS 7100 BERTAMO WAY #202 STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL 33966 CITY-ST-ZIP DS TILE D CLEAVER, BARBARA NAME NAME STREET ADDRESS 7100 BERTAMO WAY #102 STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL 33966 CITY-ST-ZIP ÐΤ TITLE DVP TITLE ECELBARGER, KURT NAME STREET ADDRESS 7100 BERTAMO WAY #201 STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL 33966 CITY-ST-ZIP Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

JURE AND TYPED OR PRINTED

FILED