


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

DOCUMENT # N04000002577

1. Entity Name  
PORTOFINO IV CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
ADVANCED PROPERTY MANAGEMENT  
1035 COLLIER CENTER WAY SUITE 7  
NAPLES, FL 34110

Mailing Address  
ADVANCED PROPERTY MANAGEMENT  
1035 COLLIER CENTER WAY SUITE 7  
NAPLES, FL 34110

2. Principal Place of Business - No P.O. Box #  
  
Suite, Apt. #, etc.  
  
City & State  
  
Zip  
Country

3. Mailing Address  
  
Suite, Apt. #, etc.  
  
City & State  
  
Zip  
Country

6. Name and Address of Current Registered Agent  
  
ADVANCED PROPERTY MANAGEMENT SERVICE, INC.  
1035 COLLIER CENTER WAY  
SUITE 7  
NAPLES, FL 34110

Name  
Street Address  
City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required)

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KIELKOWSKI, RON 12030 LUCCA ST SUITE 201 FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GERAGRITY, PATRICK 12020 LUCCA ST SUITE 202 FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Van 700
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Van 700 F
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST OC 120
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6 changed, or on an attachment with an address with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR