

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90083 032 ****61.25

DOCUMENT # N04000002581					
1. Entity Name PORTOFINO V CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business ADVANCED PROPERTY SERVICE, INC 1035 COLLIER CENTER WAY #7 NAPLES, FL 34110			Mailing Address ADVANCED PROPERTY SERVICE, INC 1035 COLLIER CENTER 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		4. FEI Number 20-0850961	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADVANCED PROPERTY MANAGEMENT SERVICE, INC 1035 COLLIER CENTER WAY #7 NAPLES, FL 34110			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL 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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME SIMS, CHARLES STREET ADDRESS 12089 LUCCA ST. #201 CITY - ST - ZIP FORT MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE P NAME Sims, Charles STREET ADDRESS 12089 Lucca St. #201 CITY - ST - ZIP Fort Myers, FL 33906	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME SIMS, BARBARA STREET ADDRESS 12089 LUCCA ST. #201 CITY - ST - ZIP FORT MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE DV NAME Sims, Barbara STREET ADDRESS 12089 Lucca St. #201 CITY - ST - ZIP Fort Myers, FL 33906	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME SEARS, JANE STREET ADDRESS 12089 LUCCA ST. #102 CITY - ST - ZIP FORT MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE ST NAME Sears, Jane STREET ADDRESS 12089 Lucca St. #102 CITY - ST - ZIP Fort Myers, FL 33906	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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:			1/31/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		