

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90061 016 ****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

40061661



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-0850961

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ADVANCED PROPERTY MANAGEMENT SERVICE, INC
1035 COLLIER CENTER WAY #7
NAPLES, FL 34110

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

Susan Thompson

4/4/08

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, 2008

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	P	<input checked="" type="checkbox"/> Delete
NAME	SIMS, CHARLES	
STREET ADDRESS	12089 LUCCA ST. #201	
CITY-ST-ZIP	FORT MYERS, FL 33966	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SIMS, BARBARA	
STREET ADDRESS	12089 LUCCA ST. #201	
CITY-ST-ZIP	FORT MYERS, FL 33966	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SEARS, JANE	
STREET ADDRESS	12089 LUCCA ST. #102	
CITY-ST-ZIP	FORT MYERS, FL 33966	
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	Charlie Sims	
STREET ADDRESS	12089 LUCCA ST #201	
CITY-ST-ZIP	FT. MYERS, FL. 33966	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Sims	
STREET ADDRESS	12089 LUCCA ST #201	
CITY-ST-ZIP	FT. MYERS, FL. 33966	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jane Sears	
STREET ADDRESS	12089 LUCCA ST #102	
CITY-ST-ZIP	FT. MYERS, FL. 33966	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fred Damon	
STREET ADDRESS	12070 LUCCA ST #102	
CITY-ST-ZIP	FT. MYERS, FL. 33966	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ted Henke	
STREET ADDRESS	12089 LUCCA ST #101	
CITY-ST-ZIP	FT. MYERS, FL. 33966	
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:

Charles J. Sims

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #