2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002581

FILED Apr 02, 2009 Secretary of State

Entity Name: PORTOFINO V CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: ADVANCED PROPERTY SERVICE, INC 1035 COLLIER CENTER WAY 1035 COLLIER CENTER WAY #7 SUITE 7 NAPLES, FL 34110 NAPLES, FL 34110 **Current Mailing Address: New Mailing Address:** ADVANCED PROPERTY SERVICE, INC 1035 COLLIER CENTER WAY 1035 COLLIER CENTER WAY #7 SUITE 7 NAPLES, FL 34110 NAPLES, FL 34110 FEI Number: 20-0850961 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ADVANCED PROPERTY MANAGEMENT SERVICE, INC 1035 COLLIER CENTER WAY #7 NAPLES, FL 34110 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SIMS, CHARLIE Name: Name: 12089 LUCCA ST #201 Address: Address: City-St-Zip: FT. MYERS, FL 33966 City-St-Zip: Title: DS () Delete Title: () Change () Addition SIMS, BARBARA Name: Name: Address: 12089 LUCCA ST #201 Address: City-St-Zip: FT MYERS, FL 33966 City-St-Zip: Title: () Delete Title: (X) Change () Addition SEARS, JANE SEARS, JANE Name: Name: 12089 LUCCA ST #102 12089 LUCCA ST #102 Address: Address: City-St-Zip: FT. MYERS, FL 33966 City-St-Zip: FT. MYERS, FL 33966 Title: DT () Delete Title: () Change () Addition Name: DAMON, FRED Name: 12070 LUCCA ST #102 Address: Address: City-St-Zip: FT MYERS, FL 33966 City-St-Zip: Title: DVP () Delete Title: () Change (X) Addition Name: Name: HENKE, TED 12089 LUCCA STREET #101 Address: Address: City-St-Zip: City-St-Zip: FORT MYERS, FL 33966

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLIE SIMS DP 04/02/2009