2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N04000008349

1. Entity Name PORTOFINO VIII CONDOMINIUM ASSOCIATION, INC.



SUITE 7 NAPLES, FL 341	-	SUITE 7 NAPLES, FL 34110	I ITAINEI OI AANA AITH COIR			
2. Principal Place	of Business - No P.O. Box #	3. Mailing Address				
Suite, Apt. #, et	tc.	Suite, Apt. #, etc.	01112008 Chg-NP			
City & State		City & State	4. FE! Number 20-1623468			
Zip	Country	Zip	Country	5. Certificate of Status De		
	6. Name and Address of Current Registered Agent					
ADVANCED E	PROPERTY MANAGEMI	Name	Name			
	R CENTER WAY	ENT SERVICE, HVC.	Street Ad	Address (P.O. Box Number is Not Acc		
			City			
8. The above nam	ned entity submits this statemen	nt for the purpose of changing	g its registered office or	registered agent, or both, in the Stat		

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

04-07-2008 90061 012 ****61.25

				100							
Principal Place of Business 1035 COLLIER CENTER WAY SUITE 7		Mailing Address 1035 COLLIER CENTER WAY SUITE 7			40061665						
NAPLES, FL 34110		NAPLES, FL 34110									
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address					e aiii aa ia: 1 0 (e a				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112008	Chg-NP	CR2E037 (12/06)			
City & State		City & State				4. FE! Number					
Zip	Country	Zip Cou		Country		1.5. Deniticate of Status Desired 1.1			\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registere	jistered Agent			7. Name and A	ddress of New Re	egistered Age	nt		
ADV/ANCE	D DDODEDTY MANAGEMENT	T CEDV	IOE INC	Nam	е						
ADVANCED PROPERTY MANAGEMENT SERVICE, INC. 1035 COLLIER CENTER WAY			Stree	Street Address (P.O. Box Number is Not Acceptable)							
SUITE 7 NAPLES, FL 34110											
·				<u> </u>	City FL Zip Code						
	named entity submits this statement for ions of registered agent.	or the purpo	ose of changing its re	egistered offic	e or register	red agent, or both,	in the State of Flo	nda. I am fam	ular with, a	ind accept	
SIGNATURE SUSAN Thompson 4/4/08											
	Signature, typed or printed name of registered agent	and the if app	kcable. (NOTE: F	Registered Agent si	gnature required	d when reinstating)		DATE			
Filing Fee is \$61.25 9. Due by May 1, 2008			9. Election Camp Trust Fund Co	•	g 🗆	\$5.00 May Be Added to Fees	I	ake check po da Departmo	-		
10. OFFICERS AND DIRECTOR				11.		ADDITIONS/CHAN	IGES TO OFFICER	RS AND DIREC	TORS IN	10	
TIFLE	DVP		☐ Delete 1111		Por	Buecel.			Change	☐ Addition	
NAME	· · · · · · · · · · · · · · · · · · ·			NAME STREET ADDRE	MV.	DUESCH CO	a 5+ 410	02			
CITY-ST-ZIP	REET ADDRESS 12001 LUCCA ST. #201 IY-ST-ZIP FT. MYERS, FL 33966		STREE CITY-		ss / 20	MJ. BOLSCH 12049 Lucca St #102 Ft. Myers, Fl. 33944					
TITLE			☐ Delete	TITLE	DV S	2	P(. 3010	* *] Change	☐ Addition	
NAME	WILLIAMSON, KATHLEEN		NAME		MIC	Marya	no .		T cureude		
STREET ADDRESS			STRÉI		EET ADDRESS 1200 Lucca St #201 (-ST-ZIP F+. Mylb, FL. 33966						
CITY-ST-ZIP	ST-ZIP FT. MYERS, FL 33966		CITY-ST-ZIP		FI	H.MYLIS,	FL. 3390	lele			
TIFLE	DT -		Delete	TITLE	17.7	_		C	Change	Addition	
NAME STREET ADDRESS	TAYLOR, CATHERINE 12049 LUCCA ST #101			NAME STREET ADDRE	Cat	henne T	A CL #	<i>‡101</i>			
CITY-ST-ZIP	FT. MYERS, FL 33966		CITY-ST-ZIP		" 120	the myer	Ca >F	alela			
TITLE	D		☐ Delete	TITLÉ	DS	1.myer	,	<u>, , , , , , , , , , , , , , , , , , , </u>	Change	Addition	
NAME	ENNS, ROBERT		23 0000	NAME (/a)		thleen Wi	Mamsor	7	_ ,		
STREET ADDRESS			STREET ADDRESS		SS 120	49 LUCC	east #	202			
CITY-ST-ZIP FORT MYERS, FL 33912			CITY-ST-ZIP			thlun William	F4.33	944			
TITLE	POESCH MI		☐ Delete	TITLE					Change	Addition	
NAME BOESCH, MJ STREET ADDRESS 12049 LUCCA ST. #102				NAME STREET ADDRE	SS						
CITY-ST-ZIP	FT. MYERS, FL 33966			CITY-ST-ZIP							
TITLE			☐ Delete	TITLE					Change	Addition	
NAME				NAME							
STREET ADDRESS				STREET ADORE	SS						
CITY-ST-ZIP	The state of the s		1	CITY-ST-ZIP		di- 05	Toda Oranga I		ab a ab a fac	(a	

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 suppliemental 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 trystee 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:

TED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #