

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N04000008349

1. Entity Name
PORTOFINO VIII CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1035 COLLIER CENTER WAY
SUITE 7
NAPLES, FL 34110**

Mailing Address
**1035 COLLIER CENTER WAY
SUITE 7
NAPLES, FL 34110**

40061665



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
20-1623468

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
SUITE 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*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/08

**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 **DVP** ☐ Delete
NAME **MARCIANO, NIR**
STREET ADDRESS **12001 LUCCA ST. #201**
CITY-ST-ZIP **FT. MYERS, FL 33966**

TITLE **P** ☐ Change ☐ Addition
NAME **M.J. Boesch**
STREET ADDRESS **12049 Lucca St #102**
CITY-ST-ZIP **FT. MYERS, FL 33966**

TITLE **DS** ☐ Delete
NAME **WILLIAMSON, KATHLEEN**
STREET ADDRESS **12049 LUCCA ST. #202**
CITY-ST-ZIP **FT. MYERS, FL 33966**

TITLE **DVP** ☐ Change ☐ Addition
NAME **Nir Mariano**
STREET ADDRESS **12001 Lucca St #201**
CITY-ST-ZIP **FT. MYERS, FL 33966**

TITLE **DT** ☐ Delete
NAME **TAYLOR, CATHERINE**
STREET ADDRESS **12049 LUCCA ST #101**
CITY-ST-ZIP **FT. MYERS, FL 33966**

TITLE **DT** ☐ Change ☐ Addition
NAME **Catherinne Taylor**
STREET ADDRESS **12049 Lucca St #101**
CITY-ST-ZIP **FT. MYERS, FL 33966**

TITLE **D** ☐ Delete
NAME **ENNS, ROBERT**
STREET ADDRESS **12031 LUCCA ST SUITE 102**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE **DS** ☐ Change ☐ Addition
NAME **Kathleen Williamson**
STREET ADDRESS **12049 Lucca St #202**
CITY-ST-ZIP **FT. MYERS, FL 33966**

TITLE **P** ☐ Delete
NAME **BOESCH, MJ**
STREET ADDRESS **12049 LUCCA ST. #102**
CITY-ST-ZIP **FT. MYERS, FL 33966**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/08

Date

Daytime Phone #