2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N04000011201

Entity Name: PORTOFINO PALMS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O LAND CAP PROPERTY SERVICES
13800 SW 144TH AVE. RD.
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

C/O LAND CAP PROPERTY SERVICES
13800 SW 144TH AVE. RD.
MIAMI, FL 33186

New Mailing Address:

11981 SW 144 CT
#201
MIAMI, FL 33186

FEI Number: 43-2080784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARS, GARY M
150 WEST FLAGLER STREET
SUITE #2701
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: MARTINEZ, MIREDA
Address: 3911 NE 12TH DRIVE
City-St-Zip: HOMESTEAD, FL 33033

Title: VP ( ) Delete
Name: BRADLEY, MARIAH
Address: 3910 NE 13TH DRIVE
City-St-Zip: HOMESTEAD, FL 33033

Title: T ( ) Delete
Name: DUQUE, ANA
Address: 1040 NE 40TH ROAD
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: DOMINGUEZ, JESSICA
Address: 1049 NE 39 AVE
City-St-Zip: HOMESTEAD, FL 33033

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JESSICA DOMINGUEZ VP 01/30/2009

Electronic Signature of Signing Officer or Director — Date