

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000009874

FILED
Apr 03, 2007
Secretary of State

Entity Name: PORTOFINO AT PONTE VEDRA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

600 CORPORATE DR SUITE 102
FT LAUDERDALE, FL 33334

New Principal Place of Business:

4380 US HWY 1
VERO BEACH, FL 32967

Current Mailing Address:

600 CORPORATE DR SUITE 102
FT LAUDERDALE, FL 33334

New Mailing Address:

4380 US HWY 1
VERO BEACH, FL 32967

FEI Number: 20-4718175 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRANT FRIDKIN PEARSON ATHAN CROWN PA
5551 RIDGEWOOD DR SUITE 501
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

SPEECHLY JR, CLIFFORD S MR
4380 US HWY 1
VERO BEACH, FL 32967 US

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: CSS

04/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOSE, TIRSO S
Address: 600 CORPORATE DR SUITE 102
City-St-Zip: FT LAUDERDALE, FL 33334

Title: D () Delete
Name: CASTILLO, KYLE
Address: 600 CORPORATE DR SUITE 102
City-St-Zip: FT LAUDERDALE, FL 33334

Title: D () Delete
Name: VALDIVIA, ALBERT
Address: 600 CORPORATE DR SUITE 102
City-St-Zip: FT LAUDERDALE, FL 33334

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: A/SE () Change (X) Addition
Name: SPEECHLY JR, CLIFFORD S MR
Address: 4380 US HWY 1
City-St-Zip: VERO BEACH, FL 32967 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CSS

A/SE

04/03/2007

Electronic Signature of Signing Officer or Director

Date