

FILED
Mar 18, 2008 8:00 am
Secretary of State

02-01-2008 90028 021 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N05000011195					
1. Entity Name THE FALLS OF PORTOFINO CONDOMINIUM NO 6 ASSOCIATION, INC.					
Principal Place of Business 5555 ANGLERS AVENUE SUITE # 16B FORT LAUDERDALE, FL 33312			Mailing Address C/O THE CONTINANTAL GROUP STE #201 MIAMI, FL 33186 <i>c/o The Continental Group</i>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 11981 SW 144ct <i>11981 SW 144ct</i>		
State, Apt. #, etc.			Suite, Apt. #, etc. Ste # 201		
City & State			City & State Miami, FL		
Zip		Country		Zip 33186	
Country		Country		4. FEI Number 56-2554178	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENFIELD, STEVEN B 7000 W. PALMETTO PARK RD SUITE 402 BOCA RATON, FL 33433			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD NAME VILLAMAN, NANCY STREET ADDRESS 21218 ST. ANDREW AVENUE SUITE 510 CITY-ST-ZIP BOCA RATON, FL 33433	<input type="checkbox"/> Delete		TITLE P NAME Villaman, Nancy STREET ADDRESS 4651 Sheridan St., Suite 480 CITY-ST-ZIP Hollywood, FL 33021 (President)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DVP NAME VANCELLA, LORRAINE STREET ADDRESS 21218 ST. ANDREW AVENUE SUITE 510 CITY-ST-ZIP BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete		TITLE V NAME Katz, Arlyn STREET ADDRESS 4651 Sheridan St., Suite 480 CITY-ST-ZIP Hollywood, FL 33021 (Vice President)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DST NAME SOCOLOW, LINDA STREET ADDRESS 21218 ST. ANDREW AVENUE SUITE 510 CITY-ST-ZIP BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete		TITLE S NAME Fortier, Geovanna STREET ADDRESS 4651 Sheridan St., Suite 480 CITY-ST-ZIP Hollywood, FL 33021 (Secretary)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					