

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011199

FILED
Apr 30, 2006
Secretary of State

Entity Name: THE FALLS OF PORTOFINO MASTER HOA, INC.

Current Principal Place of Business:

21218 ST. ANDREWS AVE., SUITE 510
BOCA RATON, FL 33433

New Principal Place of Business:

5555 ANGLERS AVENUE
SUITE # 16B
FORT LAUDERDALE, FL 33312

Current Mailing Address:

21218 ST. ANDREWS AVE., SUITE 510
BOCA RATON, FL 33433

New Mailing Address:

5555 ANGLERS AVENUE
SUITE # 16B
FORT LAUDERDALE, FL 33312

FEI Number: 02-0764517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENFIELD, STEVEN B
7000 W. PALMETTO PARK RD., SUITE 402
BOCA RATON, FL 33433 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: PD () Delete
Name: VILLAMAN, NANCY
Address: 21218 ST. ANDREWS AVE., SUITE 510
City-St-Zip: BOCA RATON, FL 33433

Title: VD () Delete
Name: VANELLA, LORRAINE
Address: 21218 ST. ANDREWS AVE., SUITE 510
City-St-Zip: BOCA RATON, FL 33433

Title: STD () Delete
Name: SOCOLOW, LINDA
Address: 21218 ST. ANDREWS AVE., SUITE 510
City-St-Zip: BOCA RATON, FL 33433

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:

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: NANCY VILLAMAN

PD

04/30/2006

Electronic Signature of Signing Officer or Director

Date