

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011199

FILED
Apr 02, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

4651 SHERIDAN STREET
SUITE # 480
HOLLYWOOD, FL 33021

Current Mailing Address:

C/O THE CONTINENTAL GROUP
11981 SW 144 CT, STE #201
MIAMI, FL 33186

New Mailing Address:

C/O PRIME MANAGEMENT GROUP
4651 SHERIDAN STREET, SUITE 480
HOLLYWOOD, FL 33021

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: 4651 SHERIDAN ST, SUITE 480
City-St-Zip: HOLLYWOOD, FL 33021

Title: VD () Delete
Name: ARLYN, KATZ
Address: 4651 SHERIDAN ST, SUITE 480
City-St-Zip: HOLLYWOOD, FL 33021

Title: STD () Delete
Name: FORTIER, GEOVANNA
Address: 4651 SHERIDAN ST, SUITE 480
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: IGLESIAS, NANCY
Address: 4651 SHERIDAN ST, SUITE 480
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP/T (X) Change () Addition
Name: ARLYN, KATZ
Address: 4651 SHERIDAN ST, SUITE 480
City-St-Zip: HOLLYWOOD, FL 33021

Title: S (X) Change () Addition
Name: FORTIER, GEOVANNA
Address: 4651 SHERIDAN ST, SUITE 480
City-St-Zip: HOLLYWOOD, FL 33021

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: ARLYN KATZ

VP/T

04/02/2009

Electronic Signature of Signing Officer or Director

Date