


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

01-29-2008 90004 008 ****61.25

DOCUMENT # N05000011202 1. Entity Name THE FALLS OF PORTOFINO CONDOMINIUM NO. 2 ASSOCIATION, INC.					
Principal Place of Business 4651 SHERIDAN STREET 480 HOLLYWOOD, FL 33021			Mailing Address 4651 SHERIDAN STREET 480 HOLLYWOOD, FL 33021 <i>Clc The Continental Group</i>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 11981 SW 144 CT Suite, Apt. #, etc. Ste # 201			
Suite, Apt. #, etc.		City & State Miami, FL		4. FEI Number 56-2554172	
City & State		Zip 33180		Country	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01032008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent STEVEN B. GREENFIELD, ATTORNEY AT LAW, P.A. 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reinstating)</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					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	PD <input type="checkbox"/> Delete VILLAMAN, NANCY STREET ADDRESS 4651 SHERIDAN STREET SUITE 480 CITY-ST-ZIP HOLLYWOOD, FL 33021	TITLE	Katz, Ariyn PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4651 Sheridan St. Suite 480 Hollywood, FL 33021		
TITLE	VD <input checked="" type="checkbox"/> Delete VANELLA, LORRAINE STREET ADDRESS 4651 SHERIDAN STREET SUITE 480 CITY-ST-ZIP HOLLYWOOD, FL 33021	TITLE	Fortier, Giovanna VD <input type="checkbox"/> Change <input type="checkbox"/> Addition 4651 Sheridan St., Suite 480 Hollywood, FL 33021		
TITLE	STD <input checked="" type="checkbox"/> Delete SOCLOW, LINDA STREET ADDRESS 4651 SHERIDAN STREET SUITE 480 CITY-ST-ZIP HOLLYWOOD, FL 33021	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR