

**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**

*C/o The Continental Group*

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**11981 SW 144 Ct**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Ste# 201*

City & State

City & State

**Miami, FL**

Zip

Zip

**33186**

Country

**66003659**

01032008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**56-2554172**

Applied For  
**Not Applicable**

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

Name

**STEVEN B. GREENFIELD, ATTORNEY AT LAW, P.A.  
7000 W. PALMETTO PARK RD., SUITE 402  
BOCA RATON, FL 33433**

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remitting)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$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  Delete  
**NAME** VILLAMAN, NANCY  
**STREET ADDRESS** 4651 SHERIDAN STREET SUITE 480  
**CITY-ST-ZIP** HOLLYWOOD, FL 33021

**TITLE** PD  Change  Addition  
**NAME** Katz Arlyn  
**STREET ADDRESS** 4651 Sheridan st. Suite 480  
**CITY-ST-ZIP** Hollywood, FL 33021

**TITLE** VD  Delete  
**NAME** VANELLA, LORRAINE  
**STREET ADDRESS** 4651 SHERIDAN STREET SUITE 480  
**CITY-ST-ZIP** HOLLYWOOD, FL 33021

**TITLE** VD  Change  Addition  
**NAME** Fortier, Grouenga VD  
**STREET ADDRESS** 4651 Sheridan st., Suite 480  
**CITY-ST-ZIP** Hollywood, FL 33021

**TITLE** STD  Delete  
**NAME** SOCOLOW, LINDA  
**STREET ADDRESS** 4651 SHERIDAN STREET SUITE 480  
**CITY-ST-ZIP** HOLLYWOOD, FL 33021

**TITLE**  Change  Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  Change  Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  Change  Addition  
**NAME**  
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**CITY-ST-ZIP**

**TITLE**  Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  Change  Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #