


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90008 016 ****61.25

DOCUMENT # N05000011205					
1. Entity Name THE FALLS OF PORTOFINO CONDOMINIUM NO. 3 ASSOCIATION, INC.					
Principal Place of Business 5555 ANGLERS AVENUE SUITE # 16B FORT LAUDERDALE, FL 33312			Mailing Address C/O THE CONTINENTAL GROUP 11981 SW 144 CT, STE #201 MIAMI, FL 33186		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-2554174	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
GREENFIELD, STEVEN B ESQ 7000 W PALMETTO PARK RD SUITE 402 BOCA RATON, FL 33433		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 ANDREWS AVE SUITE 510 CITY-ST-ZIP BOCA RATON, FL 33433	<input type="checkbox"/> Delete		TITLE Villaman, Nancy NAME 4651 Sheridan St, Suite 480 STREET ADDRESS Hollywood, FL 33021 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME VANILLA, LORRAINE STREET ADDRESS 21218 ST ANDREWS AVE SUITE 510 CITY-ST-ZIP BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete		TITLE Katz, Arlyn NAME 4651 Sheridan St, Suite 480 STREET ADDRESS Hollywood, FL 33021 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME SOCLOW, LINDA STREET ADDRESS 21218 ST ANDREWS AVE SUITE 510 CITY-ST-ZIP BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete		TITLE Fortier, Giovanna NAME 4651 Sheridan St, Suite 480 STREET ADDRESS Hollywood, FL 33021 CITY-ST-ZIP	<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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					