## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N05000011205  1. Entity Name THE FALLS OF PORTOFINO CONDOMINIUM NO. 3 ASSOCIATION, INC.				0	1-29-2008 90	008 016 ****6	51.25
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		1 100 110 110 110 110 110 110 110 110 1			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032008 CI	ng-NP C	CR2E037 (12/06)	
City & State		City & State		4. FEI Number 56-255417	<u> </u>	<del></del>	pplied For ot Applicable
Ζίρ	Country	Zip	Country	5. Certificate of St	atus Desired	S8.75 Ad Fee Require	
	6. Name and Address of Current Re	gistered Agent		7. Name and Add	ress of New Regis	stered Agent	
0000000	T. D. OTT. (EN D. E.O.)		Name				
GREENFIELD, STEVEN B ESQ 7000 W PALMETTO PARK RD SUITE 402 BOCA RATON, FL 33433		Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Coo	de
-	ions of registered agent.						
SIGNATURE .	Signature, typed or printed name of registered agent and to	title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating)		DATE	
SIGNATURE .	Signature, typed or printed name of registered agent and s Filling Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be		check payable to Department of S	
SIGNATURE .	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Florida ES TO OFFICERS /	e check payable to Department of S	State
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10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIRECT PD VILLAMAN, NANCY 21218 ST ANDREWS AVE SUITE 5	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG I I A MARIA 65 L Shericle FOLLYLDOOD F	Florida ES TO OFFICERS ANCY AN ST, SI L 3300	e check payable to Department of S	N 10 Addition
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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 Daytime Phone #