


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90159 023 \*\*\*\*61.25

<b>DOCUMENT # N05000011209</b>	
1. Entity Name <b>THE FALLS OF PORTOFINO CONDOMINIUM NO. 5 ASSOCIATION, INC.</b>	

Principal Place of Business <b>5555 ANGLERS AVENUE SUITE # 16B FORT LAUDERDALE, FL 33312</b>	Mailing Address <b>5555 ANGLERS AVENUE SUITE #16B FORT LAUDERDALE, FL 33312</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>c/o The Continental Group 11981 SW 144 Ct</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Ste #201</b>
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City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
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Zip <b>33180</b>	Country	Zip <b>33180</b>	Country
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<b>6. Name and Address of Current Registered Agent</b>
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<b>GREENFIELD, STEVEN B ESQ 7000 W PALMETTO PARK RD SUITE 402 BOCA RATON, FL 33433</b>
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**40059104**



03272007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>56-2554177</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>7. Name and Address of New Registered Agent</b>
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Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>
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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** \_\_\_\_\_ **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_