


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

01-29-2008 90004 006 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N05000011209			
1. Entity Name THE FALLS OF PORTOFINO CONDOMINIUM NO. 5 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	
Zip	Country	Zip	Country
		01032008 Chg-NP	CR2E037 (12/06)
4. FEI Number 56-2554177		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENFIELD, STEVEN B ESQ 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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$81.25 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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLAMAN, NANCY 21218 ST ANDREWS AVE BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Villaman, Nancy VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4651 Sheridan St, Suite 480 Hollywood, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VANILLA, LORRAINE 21218 ST ANDREWS AVE BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kate, Aryn PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4651 Sheridan St, Suite 480 Hollywood, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SOCLOW, LINDA 21218 ST ANDREWS AVE BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fortner, Geovanna SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4651 Sheridan St, Suite 480 Hollywood, FL 33021
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____			