


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90044 045 ****61.25

DOCUMENT # N06000000555					
1. Entity Name VILLA PORTOFINO EAST HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 4651 SHERIDAN STREET SUITE # 480 HOLLYWOOD, FL 33021 US			Mailing Address 4651 SHERIDAN STREET SUITE # 480 HOLLYWOOD, FL 33021 US		
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	4. FEI Number 20-5951268	
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 WEST 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 NAME STREET ADDRESS CITY-ST-ZIP	P VILLAMAN, NANCY 4651 SHERIDAN STREET SUITE # 480 HOLLYWOOD, FL 33021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VANILLA, LORRAINE 4651 SHERIDAN STREET SUITE # 480 HOLLYWOOD, FL 33021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SD Giovanna Fortier 4651 Sheridan St. Ste # 480 Hollywood, FL 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. T FORTIER, GEOVANNA 4651 SHERIDAN STREET SUITE # 480 HOLLYWOOD, FL 33021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$TD Arlyn Katz 4651 Sheridan St. Ste # 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: <u>Arlyn Katz</u>			Date <u>11/18/08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

#158253