

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002210

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** PORTOFINO PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7000 W. PALMETTO PARK RD.  
SUITE 402  
BOCA RATON, FL 33433

**New Principal Place of Business:**

4651 SHERIDAN STREET SUITE # 480  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

7000 W. PALMETTO PARK RD.  
SUITE 402  
BOCA RATON, FL 33433

**New Mailing Address:**

4651 SHERIDAN STREET SUITE 480  
HOLLYWOOD, FL 33021

FEI Number: 20-5620829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GREENFIELD, STEVEN B ESQ.  
7000 W. PALMETTO PARK RD.  
SUITE 402  
BOCA RATON, FL 33433 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VILLAMAN, NANCY  
Address: 5555 ANGLERS AVENUE #16B  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VD ( ) Delete  
Name: VANELLA, LORRAINE  
Address: 5555 ANGLERS AVENUE #16B  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: STD ( ) Delete  
Name: SOCOLOW, LINDA  
Address: 5555 ANGLERS AVENUE #16B  
City-St-Zip: FORT LAUDERDALE, FL 33312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: VILLAMAN, NANCY  
Address: 4651 SHERIDAN STREET SUITE 480  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VD (X) Change ( ) Addition  
Name: VANELLA, LORRAINE  
Address: 4651 SHERIDAN STREET SUITE 480  
City-St-Zip: HOLLYWOOD, FL 33021

Title: STD (X) Change ( ) Addition  
Name: SOCOLOW, LINDA  
Address: 4651 SHERIDAN STREET SUITE 480  
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY VILLAMAN

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date