

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003189

FILED
Feb 21, 2009
Secretary of State

Entity Name: PORTOFINO AT NEW TAMPA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ALAN H. POLLACK
212 W. VAN BUREN, 9TH FLOOR
CHICAGO, IL 60607 US

New Principal Place of Business:

Current Mailing Address:

C/O ALAN H. POLLACK
212 W. VAN BUREN, 9TH FLOOR
CHICAGO, IL 60607 US

New Mailing Address:

C/O CASTLE MANAGEMENT
PO BOX 559009
FORT LAUDERDALE, FL 33355 US

FEI Number: 20-5232644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: POLLACK, ALAN H
Address: 212 W. VAN BUREN, 9TH FLOOR
City-St-Zip: CHICAGO, IL 60607 US

Title: VPD () Delete
Name: KNIGHT, CRAIG
Address: 212 W. VAN BUREN, 9TH FLOOR
City-St-Zip: CHICAGO, IL 60607 US

Title: STD () Delete
Name: LAMOTTE, BRUCE J
Address: 212 W. VAN BUREN, 9TH FLOOR
City-St-Zip: CHICAGO, IL 60607 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT A DONNELLY

MGR

02/21/2009

Electronic Signature of Signing Officer or Director

Date