## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000009368

Entity Name: PORTOFINO VISTA HOA, INC.

Apr 27, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5555 ANGLERS AVE., #16B 4651 SHERIDAN STREET

FT. LAUDERDALE, FL 33312 **SUITE # 480** 

HOLLYWOOD, FL 33021

**Current Mailing Address:** New Mailing Address:

5555 ANGLERS AVE., #16B 4651 SHERIDAN STREET FT. LAUDERDALE, FL 33312

**SUITE # 480** 

HOLLYWOOD, FL 33021

FEI Number: 20-5620802 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

STEVEN B. GREENFIELD, ATTORNEY AT LAW, PA 7000 W. PALMETTO PARK RD., STE. 402

BOCA RATON, FL 33433

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

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: STEVEN B. GREENFIELD, ESQ 04/27/2007

> Electronic Signature of Registered Agent Date

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

(X) Change ( ) Addition () Delete VANELLA, LORRAINE Name: VANELLA, LORRAINE Name:

5555 ANGLERS AVE., #16B Address: 4651 SHERIDAN STREET SUITE # 480 Address:

City-St-Zip: FT. LAUDERDALE, FL 33312 City-St-Zip: HOLLYWOOD, FL 330233312

Title: DV () Delete Title: (X) Change ( ) Addition

IGLESIAS, NANCY Name: IGLESIAS, NANCY Name: Address: 5555 ANGLERS AVE., #16B Address: 4651 SHERIDAN STREET SUITE # 480

City-St-Zip: FT. LAUDERDALE, FL 33312 City-St-Zip: HOLLYWOOD, FL 33021

Title: DST () Delete Title: DST

(X) Change ( ) Addition SOCOLOW, LINDA Name: SOCOLOW, LINDA Name:

5555 ANGLERS AVE., #16B 4651 SHERIDAN STREET SUITE # 480 Address: Address:

City-St-Zip: FT. LAUDERDALE, FL 33312 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: LORRAINE VANELLA DP 04/27/2007