

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009529

FILED  
Apr 02, 2009  
Secretary of State

**Entity Name:** PORTOFINO SPRINGS CONDOMINIUM NO. 1 ASSOCIATION, INC.

**Current Principal Place of Business:**

4651 SHERIDAN STREET  
SUITE # 480  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

4651 SHERIDAN STREET  
SUITE # 480  
HOLLYWOOD, FL 33021

**New Mailing Address:**

C/O PRIME MANAGEMENT GROUP  
4651 SHERIDAN STREET, SUITE # 480  
HOLLYWOOD, FL 33021

**FEI Number:** 20-5578112

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEVEN B. GREENFIELD, ATTORNEY AT LAW,P.A.  
7000 W PALMETTO PARK RD  
STE 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: IGLESIAS, NANCY  
Address: 4651 SHERIDAN STREET SUITE 480  
City-St-Zip: HOLLYWOOD, FL 33021

Title: TD ( ) Delete  
Name: KATZ, ARLYN  
Address: 4651 SHERIDAN STREET SUITE 480  
City-St-Zip: HOLLYWOOD, FL 33021

Title: SD ( ) Delete  
Name: FORTIER, GEOVANNA  
Address: 4651 SHERIDAN STREET SUITE 480  
City-St-Zip: HOLLYWOOD, FL 33021

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

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

Title: VP/T (X) Change ( ) Addition  
Name: KATZ, ARLYN  
Address: 4651 SHERIDAN STREET SUITE 480  
City-St-Zip: HOLLYWOOD, FL 33021

Title: S (X) Change ( ) Addition  
Name: FORTIER, GEOVANNA  
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: ARLYN KATZ

VP/T

04/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date