FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # NO8269

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1. Corporatio THE Po	ORTICOS HOMEOWNERS'	ASSOCIATION, INC. Mailing Address					
8855 SW 27 MIAMI FL 33	=	8855 SW 27 ST. MIAMI FL 33165					
					3. Date Incorporated or Qualified 03/20/1985	3a. Date of Lat 04/28/	
_ `	lace of Business	2a. Mailing Address			4. FEI Number 65-0433845		Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				05 0455045	607	Not Applicable 5 Additional	
22]			5. Certificate of Status Desired		e Required		
City & State	e	City & State			6. Election Campaign Financing	\$5.	00 May Be
23 Zip	Country	28 7 _{in}	Caunta		Trust Fund Contribution		led to Fees
24	25	Zip 29 3	Country 30	<i>'</i>	8. This corporation has liability for in Florida Statutes	tangible tax under Yes 🔲 No	s. 199.032,
	9. Name and Address of Curre				10. Name and Address of New Re		
			81	Name	popula Dos	22	
	RDO, JOSE J		82	Street Addr	ress (P.O. Box Number is Net Acceptable		
	SCAYNE BLVD.		-	1251	5 N. Kendall 1	<u> </u>	
4TH FLO MIAMI F			83	Sui	te 326		
MIMMI F	L 3313/		84	CityOn	io	FL 85 2	Zip Code
11. Pursuant	to the provisions of Sections 617,050	2 and 617.1508. Florida Statutes.	the above-	named corpor	ration submits this statement for the purp	oco of changing its	registered office
or register	red agent, or both, in the State of Flor ith, and accept the obligations of, Sec	rida. Such change was authorized	by the corp	oration's boar	rd of directors. I hereby accept the appoint	ntment as registere	ed agent. I am
SIGNATURE	and according to a congacionic oi, occ	Mon o stricodo, i fonda Glatatos.					
	Signature, typed or printed name of registered ager		Registered Age	nt signature required		DATE	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
NAME	CURBELO, ROBERTO JR.	DELETE	1.1 TITLE			☐ Change	Addition
STREET ADDRESS	8855 SW 27 ST.	1.2 NAI		ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY - S				
TITLE	VD	DELETÉ	2.1 TITLE	31-211		Change	Addition
NAME	RODRIGUEZ, OSVALDO		22 NAME				
STREET ADDRESS	8855 SW 27 ST.		23 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL		2 4 CITY-	ST-ZIP			
TITLE	SD CUIDAGE A CONFERTA	□ DELETE 31TI				Change	☐ Addition
NAME	CURBELO, ROBERTO 8855 SW 27 ST.		3 2 NAME				
STREET ADDRESS CITY-S1-ZIP	MIAMI FL		3.3 STREET				
TITLE	TD	DELETE	3.4. CHTY - :	21-7IL		[] Change	Addition
NAME	RODRIGUEZ, JULIO H		4. 2 NAME				
STREET ADDRESS	8855 SW 27 ST.		4.3 STREET	ADDRESS			
CITY-S1-ZIP	MIAMI FL		4.4 CHTY - S				
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S	ST-ZIP			
NAME			6.1 TITLE			☐ Change	Addition
			6.2 NAME 6.3 STREET	ANDRESC			
STREET ADDRESS DITY-ST-ZIP			6.4 CITY - S				

certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

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