

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90009 048 \*\*\*\*61.25

**DOCUMENT # N08269**

1. Corporation Name

**THE PORTICOS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

8855 SW 27 ST.  
MIAMI FL 33165

Mailing Address

8855 SW 27 ST.  
MIAMI FL 33165



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/20/1985

4. FEI Number

65-0433845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**CURBELO, ROBERTO J**  
8855 SW 27TH ST  
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **CURBELO, ROBERTO JR.**  
STREET ADDRESS **8855 SW 27 ST.**  
CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☐ DELETE  
NAME **RODRISUEZ, OSVALDO**  
STREET ADDRESS **8855 SW 27 ST.**  
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ DELETE  
NAME **GOMEZ, ALBERTO**  
STREET ADDRESS **14829 SW 80 ST #202**  
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **TD** ☐ DELETE  
NAME **APARICIO, LUIS**  
STREET ADDRESS **14829 SW 80 ST 104**  
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **D** ☐ DELETE  
NAME **SANTOS, ZORAIDA C**  
STREET ADDRESS **14833 SW 80 ST 202**  
CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
*Osvaldo Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **5/17/99** Daytime Phone # **(305) 385-0627**

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