

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 27, 2012**  
**Secretary of State**

DOCUMENT# N09000001709

**Entity Name:** PORTOFINO VILLA ASSOCIATION, INC.**Current Principal Place of Business:**%GULF BREEZE MANAGEMENT SERVICES, LLC  
8910 TERRENE COURT, SUITE 200  
BONITA SPRINGS, FL 34135**New Principal Place of Business:****Current Mailing Address:**%GULF BREEZE MANAGEMENT SERVICES, LLC  
8910 TERRENE COURT, SUITE 200  
BONITA SPRINGS, FL 34135**New Mailing Address:****FEI Number:** 35-2419723**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WILSON, STEPHEN G  
9130 GALLERIA COURT  
SUITE 200  
NAPLES, FL 34109 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  
**Name:** KLOTZ-JOHANSON, SUZANNE  
**Address:** 9130 GALLERIA COURT, SUITE 200  
**City-St-Zip:** NAPLES, FL 34109**Title:** VPD  
**Name:** FILIAULT, ALAIN  
**Address:** 9130 GALLERIA COURT, SUITE 200  
**City-St-Zip:** NAPLES, FL 34109**Title:** STD  
**Name:** WILSON, STEPHEN G  
**Address:** 9130 GALLERIA COURT, SUITE 200  
**City-St-Zip:** NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: SUZANNE KLOTZ-JOHANSON

PD

09/27/2012

Electronic Signature of Signing Officer or Director

Date