

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N18172 (9)

1. Corporation Name

VILLA PORTOFINO II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

R.M.C.

9144 VILLA PORTOFINO CIRCLE
BOCA RATON FL 33496

9144 VILLA PORTOFINO CIRCLE
BOCA RATON FL 33496

P.O. Box 97-0069
Boca Raton, FL 33497-0069

Residential Mgmt/
23123 State Rd 7 Ste 350A
Boca Raton, FL 33428

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECKER & POLIAKOFF P.A.
3111 STERLING ROAD
FT. LAUDERDALE FL 33312-6525

Gary Palombi
23123 State Rd. 7
Suite 350A
Boca Raton, FL
33428

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

4-11-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANZALONE, JOSEPH F.	
STREET ADDRESS	9080 VILLA PORTOFINO CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GOLDSTEIN, SEYMOUR	
STREET ADDRESS	9028 VILLA PORTOFINO CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LA BARBERO, CIRO	
STREET ADDRESS	9060 VILLA PORTOFINO CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DE LUCA, JOSEPH	
STREET ADDRESS	9044 VILLA PORTOFINO CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QUINN, BRUCE	
STREET ADDRESS	9000 VILLA PORTOFINO CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SD
2.3 STREET ADDRESS	D'EGIDIO, ANTHONY
2.4 CITY-ST-ZIP	9092 VILLA PORTOFINO CIRCLE BOCA RATON FL 33496
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAME TITLE
3.3 STREET ADDRESS	LA BARBERA, CIRO
3.4 CITY-ST-ZIP	8481 #1 VIA ROMANA BOCA RATON FL 33496
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VD
4.3 STREET ADDRESS	ONLY TITLE changed.
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	300001783523
6.3 STREET ADDRESS	-04/17/96--01022--040
6.4 CITY-ST-ZIP	***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

F. JOSEPH ANZALONE
2-23-96 4074883705
SC-4-11-96

CR2E037 (12/95)