

**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~~ ~~9144 VILLA PORTOFINO CIRCLE~~ **P.O. Box 97-0069**  
~~BOCA RATON FL 33496~~ ~~BOCA RATON FL 33496~~ **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		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		12/10/1986		03/17/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0054368		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		<input type="checkbox"/>	
Zip		Zip		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
24		29		Trust Fund Contribution		<input type="checkbox"/>	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
25		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				81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)				82 Street Address (P.O. Box Number is Not Acceptable)			
83				83			
84 City				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]* DATE: 4-11-96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ANZALONE, JOSEPH F.		1.2 NAME				
STREET ADDRESS	9080 VILLA PORTOFINO CIRCLE		1.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GOLDSTEIN, SEYMOUR		2.2 NAME	SD			
STREET ADDRESS	9028 VILLA PORTOFINO CIRCLE		2.3 STREET ADDRESS	DIEGIDIO, ANTHONY			
CITY-ST-ZIP	BOCA RATON FL 33496		2.4 CITY-ST-ZIP	9092 VILLA PORTOFINO CIRCLE			
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LA BARBERO, CIRO		3.2 NAME	SAME TITLE			
STREET ADDRESS	9060 VILLA PORTOFINO CIRCLE		3.3 STREET ADDRESS	LA BARBERA, CIRO			
CITY-ST-ZIP	BOCA RATON FL 33496		3.4 CITY-ST-ZIP	8481 #1 VIA ROMANA			
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DE LUCA, JOSEPH		4.2 NAME	VD			
STREET ADDRESS	9044 VILLA PORTOFINO CIRCLE		4.3 STREET ADDRESS	ONLY TITLE Changed.			
CITY-ST-ZIP	BOCA RATON FL 33496		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	QUINN, BRUCE		5.2 NAME				
STREET ADDRESS	9000 VILLA PORTOFINO CIRCLE		5.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33496		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME	300001783523			
STREET ADDRESS			6.3 STREET ADDRESS	-04/17/96--01022--040			
CITY-ST-ZIP			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: *Joseph Anzalone* DATE: 2-23-96 F. JOSEPH ANZALONE 4074883705  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE # SC-4-11-96

CR2E037 (12/95)