

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90358 040 ****61.25

DOCUMENT # N18172

1. Entity Name

VILLA PORTOFINO II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

4350 NW 19TH AVENUE
SUITE C
POMPANO BEACH FL 33064
US

Mailing Address

C/O RESIDENTIAL MANAGEMENT
P.O. BOX 97-0069
BOCA RATON FL 33497-0069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0054368

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALOMBI, GARY
4350 NW 19TH AVENUE
SUITE C
POMPANO BEACH FL 33064

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS BUCKLEY, JIM
CITY-ST-ZIP 9112 VILLA PORTOFINO CIRCLE
BOCA RATON FL 33496

TITLE ☐ Change ☐ Addition
NAME S
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS GOLDSTEIN, SONJA
CITY-ST-ZIP 9028 VILLA PORTOFINO CIRCLE
BOCA RATON FL 33496

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME HD
STREET ADDRESS ROSENBAUM, CHET
CITY-ST-ZIP 9120 VILLA PORTOFINO CIRCLE
BOCA RATON FL 33496

TITLE ☒ Change ☐ Addition
NAME +
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME PD
STREET ADDRESS BIERNE, MARTIN DR
CITY-ST-ZIP 9048 VILLA PORTOFINO CIR
BOCA RATON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME VD
STREET ADDRESS LEWELEWICZ, DANIEL
CITY-ST-ZIP 9132 VILLA PORTOFINO CIRCLE
BOCA RATON FL 33496

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Danny Friedman
CITY-ST-ZIP 9064 Villa Portofino Cir
Boca Raton FL 33496

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James R. Schley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #