
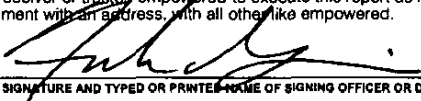


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90051 039 ****61.25

DOCUMENT # N18172 1. Entity Name VILLA PORTOFINO II HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 778 S MILITARY TRAIL DEERFIELD BEACH, FL 33442 US				Mailing Address C/O RESIDENTIAL MANAGEMENT P.O. BOX 97-0069 BOCA RATON, FL 33497-0069	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent PALOMBI, GARY 778 S MILITARY TRAIL DEERFIELD BEACH, FL 33442				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUCKLEY, JIM		NAME		
STREET ADDRESS	9112 VILLA PORTOFINO CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIANNOVE, FRANK		NAME	GIANNONE	
STREET ADDRESS	9072 VILLA PORTOFINO CIR		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAPIRO, MELVIN		NAME		
STREET ADDRESS	9140 VILLA PORTOFINO CIR.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRATNER, SUZANNE		NAME		
STREET ADDRESS	9104 VILLA PORTOFINO CIR		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANZALONE, JOSEPH		NAME		
STREET ADDRESS	9080 VILLA PORTOFINO CIR		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			3/17/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					