

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34641

FILED
Apr 17, 2008
Secretary of State

Entity Name: PORTOFINO AT THE POLO CLUB HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

CAS
951 BROKEN SOUND PKWY #250
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

CAS
951 BROKEN SOUND PKWY #250
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 65-0350742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUDD, GARY
951 BROKEN SOUND PKWY #250
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

NORTH, GLORIA O
400 S. DIXIE HIGHWAY
323
BOCA RATON, FL 33432 US

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: GLORIA O. NORTH

04/17/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIMON, ALVIN
Address: 6477 SAN MICHEL WAY
City-St-Zip: DELRAY BEACH, FL 33484

Title: VPD () Delete
Name: BERMAN, MICHELE
Address: 6430 SAN MICHEL WAY
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: WEISINGER, BRUCE
Address: 6280 SAN MICHEL WAY
City-St-Zip: DELRAY BEACH, FL 33484

Title: TD () Delete
Name: EPSTEIN, LINDA
Address: 6321 SUN MICHEL WAY
City-St-Zip: DELRAY BEACH, FL 33484

Title: SD () Delete
Name: LAVER, HELEN
Address: 6471 SAN MICHEL WAY
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: GROSSMAN, RICHARD
Address: 6466 SAN MICHEL WAY
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALVIN SIMON

P

04/17/2008

Electronic Signature of Signing Officer or Director

Date