

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90038 047 \*\*\*\*61.25

<b>DOCUMENT # N43123</b>					
<b>1. Entity Name</b> PORTOFINO HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 751 NE 195 STREET GATEHOUSE N. MIAMI BEACH, FL 33179			<b>Mailing Address</b> 2035 HARDING ST SUITE 200 C/O DCI HOLLYWOOD, FL 33020		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> Association Services of Fla. Suite, Apt. #, etc. 10112 USA Today Way City & State Miramar, Florida Zip 33025		40039370  	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092008 Chg-NP CR2E037 (12/06)	
City & State		City & State		<b>4. FEI Number</b> 65-0629016	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MEYROWITZ, ANDREW 2035 HARDING ST SUITE 200 HOLLYWOOD, FL 33020			<b>7. Name and Address of New Registered Agent</b> Name: BARBARA HERNDON, PRESIDENT Street Address (P.O. Box Number is Not Acceptable) Association Services of Florida 10112 USA Today Way City: Miramar FL Zip Code 33025		
<b>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.</b>					
SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: 2/15/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TABBITA, TONY 701 NE 195 STREET N MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODD, TOM 763 NE 195TH ST N MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MIKHAIL, SHIR 781 NE 191 ST NORTH MIAMI BCH, FL 33179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: 2/15/08 <small>Daytime Phone #</small>	