## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43123

FILED Mar 11, 2009 Secretary of State

Entity Name: PORTOFINO HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

751 NE 195 STREET GATEHOUSE N. MIAMI BEACH, FL 33179

Current Mailing Address: New Mailing Address:

ASSOCIATION SERIVICES OF FLA
10112 USA TODAY WAY
MIRAMAR, FL 33025

ASSOCIATION SERIVICES OF FLORIDA
10112 USA TODAY WAY
MIRAMAR, FL 33025

FEI Number: 65-0629016 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HERNDON, BARBARA PRES
ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
HOLLYWOOD, FL 33025 US

SKRBIN, GEORGE PRES
ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
MIRAMAR, FL 33025 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: GEORGE SKRBIN 03/11/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PRES (X) Change () Addition

 Name:
 TABBITA, TONY
 Name:
 TABBITA, TONY PRES

 Address:
 701 NE 195 STREET
 Address:
 701 N.E. 195TH STREET

 City-St-Zip:
 N MIAMI BEACH, FL 33179
 NORTH MIAMI BEACH, FL 33179

Title: TD ( ) Delete Title: TRES (X) Change ( ) Addition

 Name:
 RODD, TOM
 Name:
 RODD, TOM TRES

 Address:
 763 NE 195TH ST
 Address:
 763 N.E. 195TH STREET

 City-St-Zip:
 N MIAMI BEACH, FL 33179
 City-St-Zip:
 NORTH MIAMI BEACH, FL 33179

 Title:
 SD () Delete
 Title:
 SEC (X) Change () Addition

 Name:
 MIKHAIL, SHIR
 Name:
 MIKHAIL, SHIR SEC

Address: 781 NE 191 ST Address: 781 N.E. 191ST STREET
City-St-Zip: NORTH MIAMI BCH, FL 33179 City-St-Zip: NORTH MIAMI BCH, FL 33179

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: TONY TABBITA PRES 03/11/2009