

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N46010** (7)
1. Corporation Name
HOMEOWNERS' ASSOCIATION OF PORTOFINO, INC.



Principal Place of Business
**11325 LAKEVIEW DR
CORAL SPRINGS FL 33071
US**

Mailing Address
**11325 LAKEVIEW DR
CORAL SPRINGS FL 33071
US**

3. Date Incorporated or Qualified
11/14/1991

3a. Date of Last Report
08/11/1995

4. FEI Number
65-0031534

5. Certificate of Status Desired
☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
☐ Yes ☒ No

2. Principal Place of Business
21 **11301 LAKEVIEW DR.**
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26 **11393 LAKEVIEW DR.**
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

**SERCHAY, ALLEN
5310 N.W. 33RD AVENUE
TRAFALBAR PLAZA 1, STE. 100
FT. LAUDERDALE FL 33071**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	MARKOWITZ, DAVID	11421 LAKEVIEW DRIVE	CORAL SPRINGS FL	☒
SD	GERBER, MARY	11297 LAKEVIEW DRIVE	CORAL SPRINGS FL	☒
TD	BAKER, STEVE	11325 LAKEVIEW DR	CORAL SPRINGS FL	☒
				☐
				☐
				☐

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PD	MICHAEL KOPIN	11393 LAKEVIEW DR.	CORAL SPRINGS FL 33071	☒	☐
SD	KEN GEORGE	11885 LAKEVIEW DR.	CORAL SPRINGS FL 33071	☒	☐
TD	DON CALIN	11297 LAKEVIEW DR.	CORAL SPRINGS FL 33071	☒	☐
				☐	☐
				☐	☐
				☐	☐

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***70.00

7/12

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MICHAEL KOPIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-96 954-253-2755
Date Daytime Phone

CR2E037 (3/96)