

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 JUN 30 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46010
1. Corporation Name

HOMEOWNERS' ASSOCIATION OF PORTOFINO, INC.

Principal Place of Business

Mailing Address

3200 N. University Drive #210

3. Date Incorporated or Qualified

11/14/1991

4. FEI Number

65-0031534

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 3200 N. University Dr.

26 3200 N. University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #210

27 #210

City & State

City & State

23 Coral Springs, FL

28 Coral Springs, FL

Zip

Country

Zip

Country

24 33065

25 U.S.A.

29 33065

30 U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

John Whittle c/o Integrity Prop.

82 Street Address (P.O. Box Number is Not Acceptable)

3200 N. University Drive #210

83

84 City

Coral Springs

FL

85 Zip Code

33065

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

John C. Whittle INTEGRITY

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/19/98

12. OFFICERS AND DIRECTORS

TITLE PD
NAME Michael Kopin
STREET ADDRESS 11393 Lakeview Dr.
CITY-ST-ZIP Coral Springs, FL 33071

TITLE SD
NAME Ken George
STREET ADDRESS 11285 Lakeview Drive
CITY-ST-ZIP Coral Springs, FL 33071

TITLE TD
NAME Don Calin
STREET ADDRESS 11279 Lakeview Drive
CITY-ST-ZIP Coral Springs, FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE PD
1.2 NAME Rafael Vergara
1.3 STREET ADDRESS 11213 Lakeview Drive
1.4 CITY-ST-ZIP Coral Springs, FL 33071

2.1 TITLE VPD
2.2 NAME Jean Weissbaum
2.3 STREET ADDRESS 11225 Lakeview Drive
2.4 CITY-ST-ZIP Coral Springs, FL 33071

3.1 TITLE SD
3.2 NAME Renee Statman
3.3 STREET ADDRESS 11247 Lakeview Drive
3.4 CITY-ST-ZIP Coral Springs, FL 33071

4.1 TITLE D
4.2 NAME Claude Castellanos
4.3 STREET ADDRESS Lakeview Drive
4.4 CITY-ST-ZIP Coral Springs, FL 33071

5.1 TITLE TD
5.2 NAME Tina Kleiner
5.3 STREET ADDRESS 11267 Lakeview Drive
5.4 CITY-ST-ZIP Coral Springs, FL 33071

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Tina Kleiner

6/24/98 954-341-4778

CR2E037 (10/97)