2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State
04-14-2000 90022 004 ****62.25

DOCUMENT # N46010

1. Entity Name

HOMEOWNERS' ASSOCIATION OF PORTOFINO, INC.

Principal Place of Business	Mailing Address
~~3200 N. UNIVERSITY DRIVE~~ ~~#210~~ CORAL SPRINGS FL ~~33065~~ US	PO BOX 8726 CORAL SPRINGS FL 33075-8726 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
953 University Dr	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs FL	City & State
Zip: 33071 Country: USA	Zip Country

4. FEI Number: 65-0031534 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITTLE, JOHN % INEGRITY PROP. ~~3200 N. UNIVERSITY DRIVE, #200~~ CORAL SPRINGS FL ~~33065~~	Name: John Whittle Street Address (P.O. Box Number is Not Acceptable): % Integrity Property Management 953 University Dr City: Coral Springs FL Zip Code: 33071

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.

SIGNATURE: John C. Whittle ~~953~~ John C. Whittle 4/10/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VERGARA, RAFAEL 11213 LAKEVIEW DR. CORAL SPRINGS FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WEISSBAUM, JEAN 11225 LAKEVIEW DR. CORAL SPRINGS FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BAKER, EVE 11325 LAKEVIEW CORAL SPRINGS FL 33071	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KLEINER, TINA 11267 LAKEVIEW DR CORAL SPRINGS, FL 33071	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWARD, WILLIAM 11269 LAKEVIEW DR CORAL SPRINGS FL 33071	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CURCIO, LOU 11287 LAKEVIEW DR CORAL SPRINGS, FL 33071	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GUDGER, WAYNE 11353 LAKE VIEW DR CORAL SPRINGS FL 33071	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STATMAN, RENAI 11427 LAKEVIEW DR CORAL SPRINGS, FL 33071	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CFI2E037 (9/99)

12. 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 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.

SIGNATURE: Jean Weissbaum 4/10/00 (954) 346-0677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #