NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

02 APR 26 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46010

1. Entity Name

Homeowners' Association of Portofino, Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 01-02

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2. Principal Place of Business	3. Mailing Address
c/o BenchmARK Property Mgmt	c/o Benchmark Property Mgmt
Suite, Apt. #, etc.: 7932 Wiles Road	Suite, Apt. #, etc.: 7932 Wiles Road
City & State: Coral Springs FL	City & State: Coral Springs, FL
Zip: 33067 Country: USA	Zip: 33067 Country: USA

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

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

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7. Name and Address of Current Registered Agent

Name: Kaye & ROger PA

Street Address (P.O. Box Number is Not Acceptable): 6261 NW 6 Way

City: Fort Lauderdale FL Zip Code:

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 _____ 2/28/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

TITLE	Pres-Dir
NAME	Metzner, Ed
STREET ADDRESS	11377 Lakeview Drive
CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	VP-Dir
NAME	Baker, Steven
STREET ADDRESS	11325 Lakeview Drive
CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	Sec-Dir
NAME	Piquet, Jacques
STREET ADDRESS	11349 Lakeview Drive
CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	Treas-Dir
NAME	Gedville, James
STREET ADDRESS	11331 Lakeview Drive
CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	Dir
NAME	Fontanella, Craig
STREET ADDRESS	11351 Lakeview Drive
CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	PRES.
NAME	
STREET ADDRESS	11377 LAKE
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: PRES. 1/28/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #