# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2005 8:00 am**
**Secretary of State**
04-29-2005 90195 026 ****61.25

DOCUMENT # N46010

1. Entity Name
HOMEOWNERS' ASSOCIATION OF PORTOFINO, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O DELTA MGMT.<br>4047 KIMBELY BLVD., SUITE W<br>N. LAUDERDALE, FL 33068 US | C/O DELTA MGMT.<br>4047 KIMBELY BLVD., SUITE W<br>N. LAUDERDALE, FL 33068 US |

04182005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| c/o DMS, Inc. | c/o DMS, Inc |
| Suite, Apt. #, etc.<br>4047 Kimberly Blvd Ste W | Suite, Apt. #, etc.<br>4047 Kimberly Blvd Ste W |
| City & State<br>N. Lauderdale FL | City & State<br>N. Lauderdale FL |
| Zip<br>33068 | Country<br>US |
| Zip<br>FL | Country<br>33068 |

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 |
|---|---|
| SACHS, SAX, & KLEIN<br>301 YAMATO RD., SUITE 4150<br>BOCA RATON, FL 33431 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is $61.25**
**Due by May 1, 2005**

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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DWORKIN, JEFF<br>11263 LAKEVIEW DR.<br>CORAL SPRINGS, FL 33071 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>[illegible]ESE, ROY<br>11211 LAKEVIEW DR.<br>CORAL SPRINGS, FL 33071 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D Jeff<br>SCHULTZ, JEFO<br>11261 LAKEVIEW DRIVE<br>CORAL SPRINGS, FL 33071 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DI<br>Schultz, Jeff<br>11261 Lakeview Drive<br>Coral Springs, FL 33071 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>VERGOVA, RALPH<br>11213 LAKEVIEW DR.<br>CORAL SPRINGS, FL 33071 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>Vergara, Ralph<br>11213 Lakeview Drive<br>Coral Springs FL 33071 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #