

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90229 003 ****61.25

DOCUMENT # N46010

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



Principal Place of Business
**C/O DMS, INC.
6047 KIMBERLY BLVD, SUITE W
N. LAUDERDALE, FL 33068 US**

Mailing Address
**C/O DMS, INC.
6047 KIMBERLY BLVD, SUITE W
N. LAUDERDALE, FL 33068 US**

60033724



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202006 Chg-NP CR2E037 (11/05)

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

**SACHS, SAX, & KLEIN
301 YAMATO RD., SUITE 4150
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name

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

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, 2006**

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

TITLE **DP** ☐ Delete
NAME **JESE, ROY**
STREET ADDRESS **11211 LAKEVIEW DR.**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **DI** ☐ Delete
NAME **SCHULTZ, JEFF**
STREET ADDRESS **1461 LAKEVIEW DRIVE**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **DT** ☒ Delete
NAME **VERGARA, RALPH**
STREET ADDRESS **11213 LAKEVIEW DR.**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☐ Change ☒ Addition
NAME **Stuart Moss**
STREET ADDRESS **11873 Lakeview Drive**
CITY-ST-ZIP **Coral Springs FL 33071**

TITLE **DT** ☐ Change ☒ Addition
NAME **Jeff Dworkin**
STREET ADDRESS **11463 Lakeview Drive**
CITY-ST-ZIP **Coral Springs FL 33071**

TITLE **DT** ☒ Change ☐ Addition
NAME **Vergara Ralph**
STREET ADDRESS **11213 Lakeview Drive**
CITY-ST-ZIP **Coral Springs FL 33071**

TITLE **D** ☐ Change ☒ Addition
NAME **Steve Baker**
STREET ADDRESS **11873 Lakeview Drive**
CITY-ST-ZIP **Coral Springs FL 33071**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4-20-06 954644-3411
Date Daytime Phone #