

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90400 010 ****61.25

DOCUMENT # N46010

1. Entity Name

HOMEOWNERS' ASSOCIATION OF PORTOFINO, INC.



Principal Place of Business

**C/O BENCHMARK PROPERTY MANAGEMENT
7932 WILES ROAD
CORAL SPRINGS FL 33067
US**

Mailing Address

**C/O BENCHMARK PROPERTY MANAGEMENT
7932 WILES ROAD
CORAL SPRINGS FL 33067
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

**KAVE & ROGER PA
6261 NW 6 WAY
FT LAUDERDALE FL**

7. Name and Address of New Registered Agent

Name **Robert Kave & Associates, Inc.**
Street Address (P.O. Box Number is Not Acceptable)

6261 NW 6 Way Suite 103

City **Coral Springs** **FL** Zip Code **33309**

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

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD METZNER, ED 11377 LAKEVIEW DRIVE CORAL SPRINGS FL 33071 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAKER, STEVEN 11325 LAKEVIEW DR. CORAL SPRINGS FL 33071 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PIQUET, JACQUES 11349 LAKEVIEW DR POMPANO BEACH FL 33071 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GEDVILLE, JAMES 11331 LAKEWOOD DR POMPANO BEACH FL 33071 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FONTANELLA, CRAIG 11351 LAKEVIEW DR POMPANO BEACH FL 33071 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director- Dworkin, Jeff 11263 Lakeview Drive Coral Springs, FL 33071 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director-Pres Piese, Roy 11211 Lakeview Drive Coral Springs, FL 33071 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director- Treas Vergara, Palbh 11213 Lakeview Drive Coral Springs, FL 33071 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director-VP Fontanella, Craig 11351 Lakeview Drive Coral Springs, FL 33071 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRED

1/31/03