


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N49468 1. Entity Name PORTOFINO OF COCONUT GROVE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 3149 MARY STREET COCONUT GROVE, FL 33133 US	Mailing Address 3149 MARY STREET COCONUT GROVE, FL 33133 US
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DO NOT WRITE IN THIS SPACE



02062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0461578	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPECTOR, JOSEPH M 3149 MARY STREET COCONUT GROVE, FL 33133
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**DO NOT WRITE
IN THIS SPACE**

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, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T SMOAK, JILL 3157 MARY ST COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SPECTOR, JOE 3149 MARY ST COCONUT GROVE, FL 33133
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02/20/08-80089-021 61.25

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: Jill W Smoak **JILL W SMOAK 2/6/2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

305 461 5065