


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90022 029 ****61.25

DOCUMENT # N92000000863	
1. Entity Name	
PORTRAITS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
C/O J&L PROPERTY MANAGEMENT, INC. 10191 WEST SAMPLE RD., SUITE 203 CORAL SPRINGS FL 33065	C/O J&L PROPERTY MANAGEMENT, INC. 10191 WEST SAMPLE RD., SUITE 203 CORAL SPRINGS FL 33065



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number	Applied For
65-0379976	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
CALDERAZZO, JAMES 10191 W. SAMPLE RD. 203 CORAL SPRINGS FL 33065	

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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOCH, SCOTT	NAME	VP NINA Seburg
STREET ADDRESS	293 NW 107TH AVE.	STREET ADDRESS	10627 7th st
CITY ST / ZIP	PEMBROKE PINES FL	CITY ST / ZIP	Pembroke Pines FL 33026
TITLE	P <input type="checkbox"/> Delete	TITLE	T Jones Leonard <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUMFORD, LARRY	NAME	307, 107 Ave
STREET ADDRESS	305 NW 107TH AVE.	STREET ADDRESS	Pembroke Pines FL
CITY ST / ZIP	PEMBROKE PINES FL	CITY ST / ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERWIG, MARK O	NAME	
STREET ADDRESS	460 NW 107 AVE	STREET ADDRESS	
CITY ST / ZIP	PEMBROKE PINES FL 33026	CITY ST / ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, GARY	NAME	
STREET ADDRESS	700 NW 107TH AVENUE	STREET ADDRESS	
CITY ST / ZIP	PEMBROKE PINES FL 33026	CITY ST / ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONROE, GEORGE	NAME	
STREET ADDRESS	249 N.W. 107 AVE.	STREET ADDRESS	
CITY ST / ZIP	PEMBROKE PINES FL 33026	CITY ST / ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST / ZIP		CITY ST / ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **2-2-07 954 436-7557**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #