

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2008 08:00 AM
Secretary of State

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

Principal Place of Business C/O J&L PROPERTY MANAGEMENT, INC. 10191 WEST SAMPLE RD., SUITE 203 CORAL SPRINGS FL 33065	Mailing Address C/O J&L PROPERTY MANAGEMENT, INC. 10191 WEST SAMPLE RD., SUITE 203 CORAL SPRINGS FL 33065
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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1st MOORE	CR2E037 (10/07)
4. FEI Number 65-0379976	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CALDERAZZO, JAMES 10191 W. SAMPLE RD. 203 CORAL SPRINGS FL 33065
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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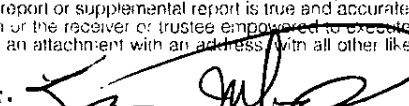
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ Signature: typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature is not required when continuing) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
S HOCH, SCOTT 293 NW 107TH AVE. PEMBROKE PINES FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
P MUMFORD, LARRY 305 NW 107TH AVE. PEMBROKE PINES FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
VP SEGURA, NINA 10627 7TH ST PEMBROKE PINES FL 33026	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D LEVINE, GARY 700 NW 107TH AVENUE PEMBROKE PINES FL 33026	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
T LEONARD, JONES 308 107 AVE PEMBROKE PINES FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
U000000823184 02/20/08-80028-005 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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:  2/8/08 854 7960