

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000863

FILED
Jan 19, 2009
Secretary of State

Entity Name: PORTRAITS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O J&L PROPERTY MANAGEMENT, INC.
10191 WEST SAMPLE RD., SUITE 203
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

C/O J&L PROPERTY MANAGEMENT, INC.
10191 WEST SAMPLE RD., SUITE 203
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 65-0379976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALDERAZZO, JAMES
10191 W. SAMPLE RD.
203
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

CALDERAZZO, JAMES
10191 W. SAMPLE RD.
SUITE 203
CORAL SPRINGS, FL 33065 US

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.

SIGNATURE: _____ Date: 01/19/2009
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: HOCH, SCOTT
Address: 293 NW 107TH AVE.
City-St-Zip: PEMBROKE PINES, FL

Title: P () Delete
Name: MUMFORD, LARRY
Address: 305 NW 107TH AVE.
City-St-Zip: PEMBROKE PINES, FL

Title: VP () Delete
Name: SEGURA, NINA
Address: 10627 7TH ST
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: LEVINE, GARY
Address: 700 NW 107TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: T () Delete
Name: LEONARD, JONES
Address: 308 107 AVE
City-St-Zip: PEMBROKE PINES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: VATTIATO, NICHOLAS
Address: 10687 NW 7TH ST
City-St-Zip: PEMBROKE PINES, FL 33026

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES CALDERAZZO RA Date: 01/19/2009
Electronic Signature of Signing Officer or Director