2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 02, 2007 8:00 am Secretary of State

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1. Entity Name
PORTOFINO OF OCEAN RIDGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business				
904 SE 5TH AVE				
DELRAY BEACH, FL 33483				

Mailing Address

904 SE 5TH AVE Delray Beach, FL 33483		904 SE 5TH AVE DELRAY BEACH, FL 33483		((\$ \$ \$) (\$ \$) (\$) (\$) (\$) (\$) (nin paki Seni Beni acili Bena husa bi	Pi Sikis isikisi 44 1984	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03022007 Ch	g-NP CR2E037 (1	2/06)	
City & State		City & State		4. FEI Number 65-002280	7	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	Fee	75 Additional Required	
	6. Name and Address of Current	Registered Agent		7. Name and Addi	ess of New Registered Agen	ıt	
	PERTIES, INC		Name Stroot Ar	ddress (B.O. Boy Ni mber is N	(at Acceptable)		
904 SE 5T DELRAY E	BCH, FL 33483		Street At	Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Code	
	named entity submits this statement folions of registered agent.	or the purpose of changing its r	registered office or	registered agent, or both, in	the State of Florida. I am famili	iar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signatu	ure required when reinstating)	- DATE	· · · · · · · · · · · · · · · · · · ·	
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State		
· ·;	•					nt of State	
10.	•	Trust Fund Co		Added to Fees	Florida Departme	nt of State	
10.	Due by May 1, 2007	Trust Fund Co	ontribution.	Added to Fees	Florida Departments TO OFFICERS AND DIRECT	nt of State	
TITLE	Due by May 1, 2007 OFFICERS AND DI	Trust Fund Co	11.	ADDITIONS/CHANGE	Florida Departments TO OFFICERS AND DIRECT	nt of State FORS IN 10 Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DI SD GIROUD, J. P DR. 5837 N OCEAN BLVD #H2 OCEAN RIDGE, FL 33435	Trust Fund Co	Ontribution. 11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	ADDITIONS/CHANGE	Florida Departmen S TO OFFICERS AND DIRECT ピ	nt of State FORS IN 10 Change	
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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 employeed to execute his 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Daytime Phone #