2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2009
Secretary of State

DOCUMENT# N93000002659

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

Current Principal Place of Business:

904 SE 5TH AVE
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

904 SE 5TH AVE
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 65-0022807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JMD PROPERTIES, INC
904 SE 5TH AVE
DELRAY BCH, FL 33483 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: GIROUD, J. P DR.
Address: 5837 N OCEAN BLVD #E2
City-St-Zip: OCEAN RIDGE, FL 33435

Title: VPD ( ) Delete
Name: CALCAGNO, ROBERT
Address: 5819 N OCEAN BLVD #A-1
City-St-Zip: OCEAN RIDGE, FL 33435

Title: PD ( ) Delete
Name: SOUTHER, PARKS
Address: 5821 N OCEAN BLVD #A-2
City-St-Zip: OCEAN RIDGE, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: GIROUD, J.P. DR.
Address: 5837 N OCEAN BLVD #E2
City-St-Zip: OCEAN RIDGE, FL 33435

Title: PD (X) Change ( ) Addition
Name: CALCAGNO, ROBERT
Address: 5819 N OCEAN BLVD #A-1
City-St-Zip: OCEAN RIDGE, FL 33435

Title: VPD (X) Change ( ) Addition
Name: SOUTHER, PARKS
Address: 5821 N OCEAN BLVD #A-2
City-St-Zip: OCEAN RIDGE, FL 33435

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: ROBERT CALCAGNO PD 03/01/2009

Electronic Signature of Signing Officer or Director — Date