

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90240 043 ****61.25

DOCUMENT # N99000004970

1. Entity Name

YACHT CLUB AT PORTOFINO CONDOMINIUM ASSOCIATION,

Principal Place of Business

2828 CORAL WAY
 CORAL GABLES FL 33134

Mailing Address

2828 CORAL WAY
 CORAL GABLES FL 33145-3214



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

90 Alton Road
 Suite, Apt. #, etc.
 Management Office
 City & State
 Miami Beach, Florida

3. Mailing Address

90 Alton Road
 Suite, Apt. #, etc.
 Management Office
 City & State
 Miami Beach Florida

4. FEI Number

65-0939676

Applied For

Not Applicable

Zip
 33139

Country
 USA

Zip
 33139

Country
 USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, WILLIAM
 2828 CORAL WAY
 CORAL GABLES FL 33134

*This Name should
 go in Box
 20m*

7. Name and Address of New Registered Agent

Name: *The Related Group*
 Street Address (P.O. Box Number, if applicable): *2828 Coral Way #161*
 City: *Miami* FL Zip Code: *33145*

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.

SIGNATURE: *Joyce M. Bronson*

DATE: *4/6/00*

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees.

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMPSON, WILLIAM	
STREET ADDRESS	90 ALTON RD.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BRONSON, JOYCE	
STREET ADDRESS	90 ALTON RD.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FIGUEROA, SONIA	
STREET ADDRESS	90 ALTON RD.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Cohn	
STREET ADDRESS	90 Alton Road #1611	
CITY-ST-ZIP	Miami Beach FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Joyce M. Bronson* DATE: *4/6/00* DAYTIME PHONE #: *305-674-8310*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JOYCE M. BRONSON** VICE PRESIDENT

CR21:037 (9/99)