

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90071 004 ****61.25

DOCUMENT # N99000004970

1. Entity Name

YACHT CLUB AT PORTOFINO CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

2828 CORAL WAY
CORAL GABLES FL 33134

2828 CORAL WAY
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

90 Alton Rd

90 Alton Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0939676

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, WILLIAM
2828 CORAL WAY
CORAL GABLES FL 33134

Name Paul Cohn

Street Address (P.O. Box Number is Not Acceptable)

90 Alton Rd

City MIAMI BEACH

FL

Zip Code 33139

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 29, 2001

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Cohn	
STREET ADDRESS	90 ALTON RD #1611	
CITY-ST-ZIP	MIAMI, FL 33139	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlo Galibino	
STREET ADDRESS	90 ALTON RD #1707	
CITY-ST-ZIP	MIAMI, FL 33139	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCES VANCE	
STREET ADDRESS	90 ALTON RD #709	
CITY-ST-ZIP	MIAMI, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/26/01 Daytime Phone #

CR2E037 (10/00)