

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 09, 2005 8:00 am
Secretary of State

01-25-2005 90036 025 ****61.25

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01142005 No Chg-NP CR2E037 (10/03)

DOCUMENT # N99000004970
 1. Entity Name
YACHT CLUB AT PORTOFINO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 90 ALTON RD MIAMI, FL 33139 US	Mailing Address 90 ALTON RD MIAMI, FL 33139 US
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0939676	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
 SKRLD, INC
 201 ALHAMBRA CIRCLE #1102
 CORAL GABLES, FL 33134

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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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD STOKES, WALTER H <i>President/Treas.</i> 90 ALTON RD., 1512 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPO <i>Linda Lerra - Secretary</i> SECRETARY 90 ALTON RD., 2603 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO <i>vice President</i> KEIGER, DARR R JR 90 ALTON RD., 2201 MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: *Walter H Stokes*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3mar05
 Date Daytime Phone #