
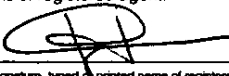
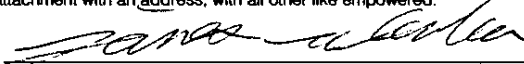


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-02-2007 90015 010 ****61.25

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01242007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 65-0939676	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKRLD, INC 201 ALHAMBRA CIRCLE #1102 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name JAMES A. MARX, P.A. Street Address (P.O. Box Number is Not Acceptable) 848 BRICKELL AVENUE, SUITE 750 City MIAMI FL Zip Code 33131	
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  JAMES A. MARX DATE 1-31-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOKES, WALTER H 90 ALTON RD., 1512 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition COURTNEY GUYER 90 ALTON ROAD, UNIT 301 MIAMI BEACH, FL 33139		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COHEN, MARCELLA 90 ALTON RD., 2201 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAMES VALENTINE 90 ALTON ROAD, UNIT 2507 MIAMI BEACH, FL 33139		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEBLANC, ROGER 90 ALTON RD., M 2201 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROGER LEBLANC 90 ALTON ROAD, UNIT 2710 MIAMI BEACH, FL 33139		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: 			Date 02/01/07 Daytime Phone #		