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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90066 041 ***150.00



PROFIT CORPORATION
 ANNUAL REPORT
 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000093933**

1. Corporation Name
PORTOFINO YACHT CLUB, INC.



Principal Place of Business
**ONE SOUTH POINTE DR.
 MIAMI BEACH FL 33139**

Mailing Address
**ONE SOUTH POINTE DR.
 MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/11/1995

4. FEI Number
65-0629072

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 404 WASHINGTON AVE.
 Suite, Apt. #, etc. **22 120**
 City & State **23 MIAMI BEACH, FL**
 Zip **24 33139** Country **25 DADE**

2a. Mailing Address
26 404 WASHINGTON AVE.
 Suite, Apt. #, etc. **27 120**
 City & State **28 MIAMI BEACH, FL**
 Zip **29 33139** Country **30 DADE**

9. Name and Address of Current Registered Agent
~~THREATT, ROBERT R.
 ONE SOUTH POINTE DR.
 MIAMI BEACH FL 33139~~

10. Name and Address of New Registered Agent
81 Name BRIAN A. HART
82 Street Address (P.O. Box Number is Not Acceptable) THOMSON, MURARD, RAZOK & HART, P.A.
83 ONE SOUTHEAST THIRD AVENUE
84 City MIAMI FL 85 Zip Code 33131
86 17TH FLOOR

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Brian A. Hart* **BRIAN A. HART** **4/29/99** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRAMER, THOMAS ONE SOUTH POINTE DR. MIAMI BEACH FL 33139 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 404 WASHINGTON AVE., SUITE 120 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HANAU, H. ONE SOUTH POINTE DR. MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS NEE, M. ONE SOUTH POINTE DR. MIAMI BEACH FL 33139 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 404 WASHINGTON AVE., SUITE 120 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S CATHY COLONNESE 404 WASHINGTON AVE., SUITE 120 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cathy Colonne* **CATHY COLONNESE** **4/29/99** DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)