

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747689

**Entity Name:** PORTOFINO VILLAGE I "A" CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 03, 2015**  
**Secretary of State**  
**CC1857376467**

**Current Principal Place of Business:**

1310 AVENUE OF THE STARS  
COCONUT CREEK, FL 33066

**Current Mailing Address:**

1310 AVENUE OF THE STARS  
COCONUT CREEK, FL 33066 US

**FEI Number: 59-1906207**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BRUCE BANDLER  
1310 AVENUE OF THE STARS  
COCONUT CREEK, FL 33066 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TD  
Name ABRAMS, STEPHEN  
Address 3002 PORTOFINO ISLE, APT. G-1  
City-State-Zip: COCONUT CREEK FL 33066

Title VPD  
Name SMITH, FRANCINE  
Address 3002 PORTOFINO ISLE APT B-1  
City-State-Zip: COCONUT CREEK FL 33066

Title SD  
Name SYDNEY, RONNY  
Address 3002 PORTOFINO ISLE APT H-2  
City-State-Zip: COCONUT CREEK FL 33066

Title P  
Name COPOLOFF, GARY  
Address 3002 PORTOFINO ISLE APT F-4  
City-State-Zip: COCONUT CREEK FL 33066

Title DIRECTOR  
Name FEINSTEIN, JACK  
Address 3002 PORTOFINO ISLE, APT C-4  
City-State-Zip: COCONUT CREEK FL 33066

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: GARY COPOLOFF**

**PRESIDENT**

**04/03/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date