

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46010

Entity Name: PORTOFINO HOMEOWNERS' ASSOCIATION, INC. (HOA)**Current Principal Place of Business:**C/O ASSOCIATION SPECIALTY GROUP LLC
9050 PINES BOULEVARD SUITE 480
PEMBROKE PINES, FL 33024**Current Mailing Address:**P O BOX 803555
DALLAS, TX 75380 US**FEI Number:** 65-0031534**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOGEN, MICHAEL
BOGEN LAW GROUP, P.A.
7351 WILES RD. SUITE #202
CORAL SPRING, FL 33067 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:** MICHAEL BOGEN

05/07/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MOSS, STUART
Address C/O ASSOCIATION SPECIALTY
GROUP LLC
9050 PINES BOULEVARD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title TREASURER
Name PIZZARUSSO, GINA
Address C/O ASSOCIATION SPECIALTY
GROUP LLC
9050 PINES BOULEVARD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR
Name STODOLSKI, KEVIN
Address C/O ASSOCIATION SPECIALTY
GROUP LLC
9050 PINES BOULEVARD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title SECRETARY
Name MONOHAN, MARY
Address C/O ASSOCIATION SPECIALTY
GROUP LLC
9050 PINES BOULEVARD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR
Name STODDARD, DANIELLA
Address C/O ASSOCIATION SPECIALTY
GROUP LLC
9050 PINES BOULEVARD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

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: STUART MOSS

PRESIDENT

05/07/2020

Electronic Signature of Signing Officer/Director Detail

Date