2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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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:

C/O ASSOCIATION SPECIALTY GROUP LLC
9050 PINES BOULEVARD SUITE 480
PEMBROKE PINES, FL 33024 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 03/21/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	VICE PRESIDENT / SECRETARY
Name	MOSS, STUART	Name	LIESE, ROY
Address	C/O ASSOCIATION SPECIALTY GROUP LLC 9050 PINES BOULEVARD SUITE 480	Address	C/O ASSOCIATION SPECIALTY GROUP LLC 9050 PINES BOULEVARD SUITE 480
City-State-Zip:	PEMBROKE PINES FL 33024	City-State-Zip:	PEMBROKE PINES FL 33024
Title	TREASURER	Title	DIRECTOR
Name	PIZZARUSSO, GINA	Name	MONAHAN , MARY
Address	C/O ASSOCIATION SPECIALTY GROUP LLC 9050 PINES BOULEVARD SUITE 480	Address	C/O ASSOCIATION SPECIALTY GROUP LLC 9050 PINES BOULEVARD SUITE 480
City-State-Zip:	PEMBROKE PINES FL 33024	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 03/21/2019

Electronic Signature of Signing Officer/Director Detail — Date