

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46010

Entity Name: HOMEOWNERS' ASSOCIATION OF PORTOFINO, INC.

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:

ALLIANCE CAS, LLC
ALLIANCE CAS LLC
1855 GRIFFIN ROAD SUITE A-407
DANIA BEACH, FL 33004 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: SCOTT JAFFE

04/29/2017

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

Title VP, SECRETARY
Name LIESE, ROY
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: LIESE , ROY

VP, SECRETARY

04/29/2017

Electronic Signature of Signing Officer/Director Detail

Date