

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 JUN 11 PM 1:55

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

50001599



05232007 Chg-NP CR2E037 (12/06)

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|--|---------------------------------|--|--|
| DOCUMENT # N06000000320 | | | |
| 1. Entity Name ISLES OF PORTO VISTA COMMUNITY ASSOCIATION, INC. | | | |
| Principal Place of Business 5015 SW 17TH AVENUE CAPE CORAL, FL 33914 | | Mailing Address 5015 SW 17TH AVENUE CAPE CORAL, FL 33914 | |
| 2. Principal Place of Business - No P.O. Box # 3800 Del Prado Blvd. | | 3. Mailing Address 3800 Del Prado Blvd. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Cape Coral, FL | | City & State Cape Coral, FL | |
| 4. FEI Number | | Applied For Not Applicable | |
| Zip 33928 | | Country | |
| Zip 33928 | | Country | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DRIVE, SUITE 350 FORT MYERS, FL 33907 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE <u>[Signature]</u> Division Controller | | DATE 5/24/07 | |
| Filing Fee is \$61.25 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | D/P Debitetto, John 3800 Del Prado Blvd. Cape Coral, FL 33928 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | D/S Billups, John 3800 Del Prado Blvd. Cape Coral, FL 33928 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | D/T Devereaux, Matt 3800 Del Prado Blvd. Cape Coral, FL 33928 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | |
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| | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <u>[Signature]</u> Division Controller | | DATE 5/24/07 | |