
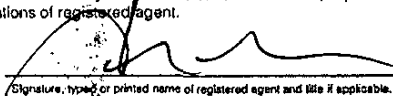
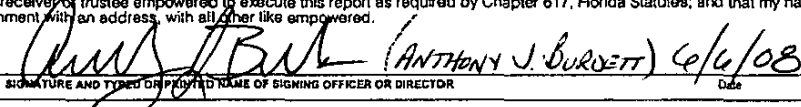


FILED
Jun 24, 2008 8:00 am
Secretary of State

05-27-2008 90038 006 ****61.25
 06-24-2008 90001 040 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

70100004

DOCUMENT # N06000000320			
1. Entity Name ISLES OF PORTO VISTA COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 3936 POMODORO CIR CAPE CORAL, FL 33903		Mailing Address 12734 KENWOOD LANE STE 49 FORT MYERS, FL 33907	
2. Principal Place of Business - No P.O. Box # 10481 Ben C Pratt/6 Mile Cyp. Pkwy. Suite, Apt. #, etc. PKwy.		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Fort Myers, FL		City & State	
Zip 33966	Country USA	Zip	Country
4. FEI Number APPLIED FOR 20-5833313		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TROPICAL ISLES MANAGEMENT SERVICE, INC. 12734 KENWOOD LANE STE 49 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name: Christopher J. Shields Street Address (P.O. Box Number is Not Acceptable): Pavese Law Firm 1833 Hendry Street City: Fort Myers, FL Zip Code: 33901	
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: 		DATE: 6/20/08	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DP NAME: DEBITETTO, JOHN STREET ADDRESS: 3800 DEL PRADO BLVD. CITY-ST-ZIP: CAPE CORAL, FL 33928	<input checked="" type="checkbox"/> Delete	TITLE: DP NAME: Anthony J. Burdett STREET ADDRESS: 10481 Ben C Pratt/6 Mile Cypress Pkwy CITY-ST-ZIP: Fort Myers, FL 33966	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DS NAME: BILLUPS, JOHN STREET ADDRESS: 3800 DEL PRADO BLVD. CITY-ST-ZIP: CAPE CORAL, FL 33928	<input checked="" type="checkbox"/> Delete	TITLE: DV NAME: John Debitetto STREET ADDRESS: 10481 Ben C. Pratt/6 Mile Cypress Pkwy CITY-ST-ZIP: Ft. Myers, FL 33966	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DT NAME: DEVEREAUX, MATT STREET ADDRESS: 3800 DEL PRADO BLVD. CITY-ST-ZIP: CAPE CORAL, FL 33928	<input checked="" type="checkbox"/> Delete	TITLE: DS NAME: John Billups STREET ADDRESS: 10481 Ben C. Pratt/6 Mile Cypress Pkwy CITY-ST-ZIP: Fort Myers, FL 33966	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<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: 		DATE: 6/6/08 239-278-1177	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	