

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000320

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: ISLES OF PORTO VISTA COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

10481 BEN C PRATT/6 MILE CYPR. PKWY.  
FORT MYERS, FL 33966

**New Principal Place of Business:**

3936 POMODORO CIRCLE  
CAPE CORAL, FL 33909

**Current Mailing Address:**

12734 KENWOOD LANE STE 49  
FORT MYERS, FL 33907

**New Mailing Address:**

FEI Number: 20-8071310      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHIELDS, CHRISTOPHER J  
PAVESE LAW FIRM  
1833 HENDRY STREET  
FORT MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

TROPICAL ISLES MANAGEMENT SERVICES, INC.  
12734 KENWOOD LN.  
SUITE 49  
FORT MYERS, FL 33907 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: JENNIFER C. WORTHINGTON      04/07/2009  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BURDETT, ANTHONY J  
Address: 10481 BEN C PRATT/6 MILE CYPR. PKWY.  
City-St-Zip: FORT MYERS, FL 33966

Title: DV ( ) Delete  
Name: DEBITETTO, JOHN  
Address: 10481 BEN C PRATT/6 MILE CYPR. PKWY.  
City-St-Zip: FORT MYERS, FL 33966

Title: DS ( ) Delete  
Name: BILLUPS, JOHN  
Address: 10481 BEN C PRATT/6 MILE CYPR. PKWY.  
City-St-Zip: FORT MYERS, FL 33966

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV (X) Change ( ) Addition  
Name: MCMURREY, DARREN  
Address: 10481 BEN C PRATT/6 MILE CYPR. PKWY.  
City-St-Zip: FORT MYERS, FL 33966

Title: DS (X) Change ( ) Addition  
Name: HEROLD, DREW  
Address: 411 W. PUTNAM AVE., STE. 225  
City-St-Zip: GREENWICH, CT 06830 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JENNIFER C. WORTHINGTON      CAM      04/07/2009  
Electronic Signature of Signing Officer or Director      Date