

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000320

FILED
Apr 08, 2010
Secretary of State

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

Current Principal Place of Business:

3936 POMODORO CIRCLE
CAPE CORAL, FL 33909

New Principal Place of Business:

3936 POMODORO CIRCLE
CAPE CORAL, FL 33909 US

Current Mailing Address:

12734 KENWOOD LANE STE 49
FORT MYERS, FL 33907

New Mailing Address:

12734 KENWOOD LANE
STE. 49
FORT MYERS, FL 33907 US

FEI Number: 20-8071310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LN.
SUITE 49
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: OFFENBERG, BERNIE
Address: 3936 POMODORO CIR.
City-St-Zip: CAPE CORAL, FL 33909 US

Title: VP
Name: HEROLD, DREW
Address: 411 WEST PUTNAM, STE. 225
City-St-Zip: GREENWICH, CT 06830 US

Title: S/T
Name: SIMON, SIDNEY
Address: 3639 POMODORO CIR.
City-St-Zip: CAPE CORAL, FL 33909 US

Title: ASM
Name: RUDLAND, MARK
Address: 12734 KENWOOD LN., STE. 49
City-St-Zip: FT. MYERS, FL 33907

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: SIDNEY SIMON

S/T

04/08/2010

Electronic Signature of Signing Officer or Director

Date