

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000320

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

3936 POMODORO CIRCLE  
CAPE CORAL, FL 33909 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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:**

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: BERNIE OFFENBERG

P

03/23/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date