

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N06000000320

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

**FILED  
Aug 20, 2015  
Secretary of State  
CC2936954072**

**Current Principal Place of Business:**

12734 KENWOOD LN.  
STE. 49  
FT. MYERS, FL 33907

**Current Mailing Address:**

12734 KENWOOD LN.  
STE. 49  
FT. MYERS, FL 33907 US

**FEI Number: 20-8071310**

**Certificate of Status Desired: No**

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name RATHGEBER, BO  
Address 12734 KENWOOD LN., STE. 49  
City-State-Zip: FT. MYERS FL 33907

Title ASM  
Name RUDLAND, MARK  
Address 12734 KENWOOD LN., STE. 49  
City-State-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: MARK RUDLAND**

**ASM**

**08/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date