

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000000320

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

Current Principal Place of Business:

3936 POMODORO CIRCLE
CAPE CORAL, FL 33909

Current Mailing Address:

C/O FLORIDA SKYLINE MANAGEMENT
22163 MAJESTIC WOODS WAY
BOCA RATON, FL 33428 US

FEI Number: 20-8071310

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDA SKYLINE MANAGEMENT
C/O FLORIDA SKYLINE MANAGEMENT
22163 MAJESTIC WOODS WAY
BOCA RATON, FL 33428 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: ELIZABETH FELICIANO

07/14/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name OFFENBURG, BERNIE
Address C/O FLORIDA SKYLINE MANAGEMENT
City-State-Zip: BOCA RATON FL 33428

Title VP
Name OFFENBURG, RORI
Address C/O FLORIDA SKYLINE MANAGEMENT
22163 MAJESTIC WOODS WAY
City-State-Zip: BOCA RATON FL 33428

Title VP
Name MOREFIELD , WILLIAM
Address C/O FLORIDA SKYLINE MANAGEMENT
City-State-Zip: BOCA RATON FL 33428

Title PRESIDENT
Name MORALES, LEO
Address C/O FLORIDA SKYLINE MANAGEMENT
City-State-Zip: BOCA RATON FL 33428

Title SECRETARY, TREASURER
Name FALSO, ROBERT
Address C/O FLORIDA SKYLINE MANAGEMENT
City-State-Zip: BOCA RATON FL 33428

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: MORALES , LEO

PRESIDENT

07/14/2023

Electronic Signature of Signing Officer/Director Detail

Date