

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707995

FILED
Apr 20, 2007
Secretary of State

Entity Name: PORT AU VILLA, INC.

Current Principal Place of Business:

2100 GULF SHORE BLVD.
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

6700 LONE OAK BLVD
NAPLES, FL 34109

New Mailing Address:

FEI Number: 59-1206732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUARDIAN PROPERTY MANAGEMENT
6700 LONE OAK BLVD
NAPLES, FL 34109 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 () Delete
Name: THESIERES, TERRY
Address: 2100 GLUF SHORE BLVD. N. #119
City-St-Zip: NAPLES, FL 34102

Title: VP () Delete
Name: MINAHAM, JACK
Address: 2100 GULF SHORE BLVD #320
City-St-Zip: NAPLES, FL 34102

Title: T () Delete
Name: DOMSCHRO, ROBERT
Address: 2100 GULF SHORE BLVD N #120
City-St-Zip: NAPLES, FL 34102

Title: S () Delete
Name: PALMER, RUTH
Address: 2100 GULF SHORE BLD N #115
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: JACOBI, JAMES
Address: 2100 GULF SHORE BLVD N #102
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MINIHAN, JACK
Address: 2100 GLUF SHORE BLVD. N. #205
City-St-Zip: NAPLES, FL 34102

Title: VP (X) Change () Addition
Name: JOCOBI, JAMES
Address: 2100 GULF SHORE BLVD #102
City-St-Zip: NAPLES, FL 34102

Title: T (X) Change () Addition
Name: THESIERES, TERRY
Address: 2100 GULF SHORE BLVD N #219
City-St-Zip: NAPLES, FL 34102

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

Title: D (X) Change () Addition
Name: HITE, HARRY
Address: 2100 GULF SHORE BLVD N #300
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the 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: BYRON ROSS

MGR.

04/20/2007

Electronic Signature of Signing Officer or Director

Date