

# 2006 NOT-FOR-PROFIT AMENDED ANNUAL REPORT

DOCUMENT # N02000005331

1. Entity Name  
PORTA VECCHIO III AT MEDITERRA CONDOMINIUM ASSOCIATION, INC.



**FILED**  
**Jun 28, 2006 8:00 A.M.**  
**Secretary of State**

Principal Place of Business  
8430 ENTERPRISE CIRCLE, SUITE 100  
BRADENTON, FL 34202-4108

Mailing Address  
8430 ENTERPRISE CIRCLE, SUITE 100  
BRADENTON, FL 34202-4108

2. Principal Place of Business

8359 Beacon Blvd, Suite 213  
Ft Myers, FL 33907

3. Mailing Address

21301 S. Tamiami Trail  
Suite 320 PMB 335  
Estero, FL 33928



06222006 Chg-NP CR2E037 (4/06)

4. FEI Number  
57-1156741

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPENCER, MARC I  
877 EXECUTIVE CENTER DRIVE W., SUITE 205  
ST. PETERSBURG, FL 33702-2472

7. Name and Address of New Registered Agent

Name Ken Hayden  
Str 21301 S. Tamiami Trail  
Suite 320 PMB 335  
City Estero, FL 33928

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☒ Delete  
NAME WHITMORE, JAMES A  
STREET ADDRESS 11250 VIA DEL VASARI DRIVE  
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE DS ☒ Delete  
NAME FICHTER, THOMAS P  
STREET ADDRESS 2950 IMMOKALEE ROAD SUITE 2  
CITY-ST-ZIP NAPLES, FL 34110

TITLE VD ☒ Delete  
NAME SMITH, ALAN B  
STREET ADDRESS 11021 CORSIA TRIESTE WAY  
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE AS ☒ Delete  
NAME SPENCER, MARC I  
STREET ADDRESS 877 EXECUTIVE CENTER DRIVE W., SUITE 205  
CITY-ST-ZIP ST. PETERSBURG, FL 33702

TITLE T ☒ Delete  
NAME COHEN, ANN S  
STREET ADDRESS 877 EXECUTIVE CENTER DRIVE W., SUITE 205  
CITY-ST-ZIP ST. PETERSBURG, FL 33702

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Change ☒ Addition  
NAME John Van Hulle  
STREET ADDRESS 17000 Porta Vecchio Way  
CITY-ST-ZIP Naples, FL 34110

TITLE V ☐ Change ☒ Addition  
NAME John Papandrea  
STREET ADDRESS 17046 Porta Vecchio Way  
CITY-ST-ZIP Naples, FL 34110

TITLE ST ☐ Change ☒ Addition  
NAME Robert Simmons  
STREET ADDRESS 17056 Porta Vecchio Way  
CITY-ST-ZIP Naples, FL 34110

TITLE AS ☐ Change ☒ Addition  
NAME Ken Hayden  
STREET ADDRESS 21301 S. Tamiami Tr  
CITY-ST-ZIP Estero, FL 33928

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth W. Hayden 6-22-06 239-489-4890

Date

Daytime Phone #