

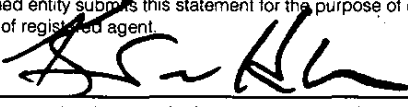
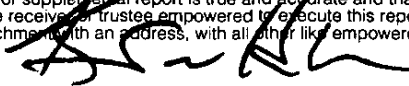


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N02000005607 1. Entity Name PORTA VECCHIO II AT MEDITERRA CONDOMINIUM ASSOCIATION, INC.		 06 OCT 31 PM 5:25	
Principal Place of Business 8430 ENTERPRISE CIRCLE, STE. 100 BRADENTON, FL 34202-4108		Mailing Address 8430 ENTERPRISE CIRCLE, STE. 100 BRADENTON, FL 34202-4108	
2. Principal Place of Business 8359 Beacon Blvd, Suite 213 Ft Myers, FL 33907 Zip Country		3. Mailing Address 21301 S Tamiami Trail Suite 320, PMB 335 Estero, FL 33928 Zip Country	
			
		10232006 Chg-NP CR2E037 (4/06)	
		4. FEI Number 04-3748164 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$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 Street Address Ken Hayden (table) 21301 S Tamiami Trail Suite 320 PMB 335 City Estero, FL 33928 FL 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  DATE 10-23-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP WHITMORE, JAMES A 11250 VIA DEL VASARI DRIVE BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE	P Gerald Detloff 17025 Porta Vecchio Way, # 202 Naples, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DS FICHTER, THOMAS P 2950 IMMOKALEE RD., STE. 2 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE	VP Thurman Moegling 17015 Porta Vecchio Way, # 202 Naples FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD SMITH, ALAN B 11021 CORSIA TRIESTE WAY BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE	SLT William Loftus 16994 Porta Vecchio Way, # 102 Naples FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	AS SPENCER, MARC I 877 EXECUTIVE CENTER DRIVE W., SUITE 205 ST. PETERSBURG, FL 33702 <input checked="" type="checkbox"/> Delete	TITLE	AS Ken Hayden 21301 S. Tamiami Trail Estero, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T COHEN, ANN S 877 EXECUTIVE CENTER DRIVE W., SUITE 205 ST. PETERSBURG, FL 33702 <input checked="" type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  Ken Hayden 10-23-06 239-489-4890 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			