2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2009
Secretary of State

DOCUMENT# N03000003775

Entity Name: PORTO VISTA COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1506 S.W. 50TH STREET
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

C/O SILVERCRESTED MANAGEMENT LLC
PO BOX 1848
FORT MYERS, FL 33902

New Mailing Address:

FEI Number: 41-2095154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3440 MARINATOWN LANE
203
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE
1ST FL UNIT 4
NORTH FORT MYERS, FL 33903 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: CHAD M. VAN TILBURG 02/07/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SHENKEL, JOANN D
Address: 11717 LADY ANNE CIRCLE
City-St-Zip: CAPE CORAL, FL 33991

Title: STD ( ) Delete
Name: HOLE, HENRY STD
Address: 1500 SW 50 STREET # 102
City-St-Zip: CAPE CORAL, FL 33914

Title: PD ( ) Delete
Name: WARE, DONALD PD
Address: 1510 SW 50 STREET # 201
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: SHENKEL, JO ANN D
Address: 11717 LADY ANNE CIRCLE
City-St-Zip: CAPE CORAL, FL 33991

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DONALD WARE PD 02/07/2009
Electronic Signature of Signing Officer or Director Date