2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 08, 2011
Secretary of State

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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
3436 MARINATOWN LANE
1ST FL UNIT 4
NORTH FORT MYERS, FL 33903 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: VD
Name: SHENKEL, JO ANN D
Address: 11717 LADY ANNE CIRCLE
City-St-Zip: CAPE CORAL, FL 33991

Title: STD
Name: KOIS, ROBERT
Address: 1518 SW 50TH STREET #104
City-St-Zip: CAPE CORAL, FL 33914

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

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: DONALD WARE PD 03/08/2011

Electronic Signature of Signing Officer or Director — Date