

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004656

FILED  
Mar 21, 2006  
Secretary of State

**Entity Name:** PORTO VISTA CONDOMINIUM NO. 12 ASSOCIATION, INC.

**Current Principal Place of Business:**

1506 SW 50TH STREET  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

1506 SW 50TH STREET #12  
CAPE CORAL, FL 33914

**New Mailing Address:**

C/O SILVERCRESTED MGT INC  
PO BOX 1848  
FORT MYERS, FL 33902

**FEI Number:** 01-0783186

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADAMS, JOSEPH E ESQ  
14241 METROPOLIS AVENUE, SUITE 100  
FORT MYERS, FL 33912 US

**Name and Address of New Registered Agent:**

SILVERCRESTED MGT INC  
3440 MARINATOWN LANE  
203  
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: LEE J VAN TILBURG

03/21/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: D ( ) Delete  
Name: BERGAU, GEORGE  
Address: 1502 SW 50TH STREET, UNIT 302  
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete  
Name: MOCHAN, JAMES  
Address: 2594 ALAN DR.  
City-St-Zip: WILLOUGHBY HILLS, OH 44092

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PD (X) Change ( ) Addition  
Name: BERGAU, GEORGE J  
Address: 1502 SW 50TH STREET #302  
City-St-Zip: CAPE CORAL, FL 33914

Title: STD (X) Change ( ) Addition  
Name: MOCHAN, JAMES  
Address: 2594 ALAN DRIVE  
City-St-Zip: WILLOUGHBY HILLS, OH 44092

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: JO ANN SHENKEL

P

03/21/2006

Electronic Signature of Signing Officer or Director

Date