

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004657

FILED
Jan 03, 2007
Secretary of State

Entity Name: PORTO VISTA CONDOMINIUM NO. 10 ASSOCIATION, INC.

Current Principal Place of Business:

1506 SW 50TH STREET
#10
CAPE CORAL, FL 33914

New Principal Place of Business:

1504 SW 50TH STREET
CAPE CORAL, FL 33914

Current Mailing Address:

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

New Mailing Address:

FEI Number: 02-0691408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERCRESTED MGT INC
3440 MARINATOWN LANE
203
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: PD () Delete
Name: RITZ, WILLIAM L
Address: 1506 SW 50TH STREET, #10
City-St-Zip: CAPE CORAL, FL 33914

Title: VD () Delete
Name: UREITTI, LUCIANO
Address: 1506 SW 50TH STREET, #10
City-St-Zip: CAPE CORAL, FL 33914

Title: STD (X) Delete
Name: CORALLO, ROSARIO
Address: 1506 SW 50TH STREET, #10
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RITZ, WILLIAM L
Address: 2648 SOMERVILLE LOOP #1305
City-St-Zip: CAPE CORAL, FL 33991

Title: VD (X) Change () Addition
Name: UREITTI, LUCIANO
Address: 2648 SOMERVILLE LOOP UNIT 1306
City-St-Zip: CAPE CORAL, FL 33991

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

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: WILLIAM RITZ

PD

01/03/2007

Electronic Signature of Signing Officer or Director

Date