

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006126

FILED  
Jan 21, 2008  
Secretary of State

**Entity Name:** PORTO VISTA CONDOMINIUM NO. 2 ASSOCIATION, INC.

**Current Principal Place of Business:**

1510 SW 50TH ST  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

**FEI Number:** 20-0969142

**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:**

SILVERCRESTED MANAGEMENT LLC  
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

01/21/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BROUKER, GEORGE  
Address: 1510 SW 50TH ST. UNIT 302  
City-St-Zip: CAPE CORAL, FL 33914

Title: VD ( ) Delete  
Name: DELLAERO, RONALD  
Address: 1510 SW 50TH STREET UNIT 203  
City-St-Zip: CAPE CORAL, FL 33914

Title: STD ( ) Delete  
Name: WARE, DONALD  
Address: 1510 SW 50TH UNIT 201  
City-St-Zip: CAPE CORAL, FL 33914

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

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

Title: D (X) Change ( ) Addition  
Name: DELLAERO, RONALD  
Address: 1510 SW 50TH STREET UNIT 203  
City-St-Zip: CAPE CORAL, FL 33914

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: GEORGE BROUKER

PD

01/21/2008

Electronic Signature of Signing Officer or Director

Date