2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N03000006126

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 MANAGEMENT LLC
PO BOX 1848
FORT MYERS, FL 33902

New Mailing Address:

FEI Number: 20-0969142 **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
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 VAN TILBURG 01/29/2009
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: D ( ) 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: VD (X) Change ( ) Addition
Name: DELLAERO, RONALD
Address: 3313 SE 10TH AVE
City-St-Zip: CAPE CORAL, FL 33904

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 01/29/2009
Electronic Signature of Signing Officer or Director Date