

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006126

FILED  
Jan 17, 2012  
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 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  
3436 MARINATOWN LANE  
1ST FL UNIT 4  
NORTH FORT MYERS, FL 33903 US

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

SILVERCRESTED MANAGEMENT LLC  
1490 NE PINE ISLAND ROAD  
UNIT 8-D  
CAPE CORAL, FL 3309 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:

01/17/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: VD  
Name: EDWARDS, JOSEPH  
Address: 5421 SW 20TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: STD  
Name: WARE, DONALD  
Address: 1510 SW 50TH UNIT 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: GEORGE BROUKER

PD

01/17/2012

Electronic Signature of Signing Officer or Director

Date