

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006562

FILED  
Jan 29, 2009  
Secretary of State

**Entity Name:** PORTO VISTA CONDOMINIUM NO. 5 ASSOCIATION, INC.

**Current Principal Place of Business:**

1516 SW50TH STREET  
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:** 20-1869051

**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  
NORTH 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: LYCHAK, DOUGLAS  
Address: 38 SUNVALE PLACE  
City-St-Zip: STONEY CREEK, ON L8E4Z7 CA

Title: VD ( ) Delete  
Name: REICHENBACH, RICHARD  
Address: 1516 SW50TH STREET #202  
City-St-Zip: CAPE CORAL, FL 33914

Title: STD (X) Delete  
Name: SMALEC, JACQUELINE  
Address: 851 SEYMOUR AVE  
City-St-Zip: LINDEN, NJ 07036

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

Title: VD (X) Change ( ) Addition  
Name: LYCHAK, DOUGLAS VD  
Address: 38 SUNVALE PLACE  
City-St-Zip: STONEY CREEK, ON L8E4Z7 CA

Title: VD (X) Change ( ) Addition  
Name: SMALEC, JACQUELINE VD  
Address: 851 SEYMOUR AVE  
City-St-Zip: LINDEN, NJ 07036

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: DOUGLAS LYCHAK

VD

01/29/2009

Electronic Signature of Signing Officer or Director

Date