

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006563

FILED  
Jan 17, 2012  
Secretary of State

**Entity Name:** PORTO VISTA CONDOMINIUM NO. 6 ASSOCIATION, INC.

**Current Principal Place of Business:**

1518 SW 50TH 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:** 20-1869129

**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 33909 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: VD  
Name: HUBBARD, JEAN  
Address: 26 2ND STREET  
City-St-Zip: NORWOOD, MA 02062

Title: PD  
Name: KOIS, ROBERT  
Address: 1518 SW 50TH STREET #104  
City-St-Zip: CAPE CORAL, FL 33914

Title: STD  
Name: MCLAUGHLIN, MARY  
Address: 1518 SW 50TH STREET #101  
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: ROBERT KOIS

PD

01/17/2012

Electronic Signature of Signing Officer or Director

Date