2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006
Secretary of State

DOCUMENT# N04000006564

Entity Name: PORTO VISTA CONDOMINIUM NO. 7 ASSOCIATION, INC.

Current Principal Place of Business:

5015 SW 17TH AVE
CAPE CORAL, FL 33914

New Principal Place of Business:

1520 SW50TH STREET
CAPE CORAL, FL 33914

Current Mailing Address:

5015 SW 17TH AVE
CAPE CORAL, FL 33914

New Mailing Address:

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

FEI Number: 20-1869150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOLANOS TRUXTON, P.A.
12800 UNIVERSITY DR
SUITE 350
FT MYERS, FL 33907 US

Name and Address of New Registered Agent:

SILVERCRESTED MGT INC
3440 MARINATOWN LANE
203
FT 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 03/20/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: OFFENBERG, BERNARD
Address: 5015 SW 17TH AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: D (X) Delete
Name: SIMON, SIDNEY N
Address: 5015 SW 17TH AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: D (X) Delete
Name: MCKINSEY, THOMAS
Address: 5015 SW 17TH AVE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: KIVEL, BARBARA
Address: 1520 SW50TH STREET #102
City-St-Zip: CAPE CORAL, FL 33914

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA KIEVEL P 03/20/2006
Electronic Signature of Signing Officer or Director Date