

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006564

FILED
Jan 30, 2009
Secretary of State

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

Current Principal Place of Business:

1520 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: 20-1869150

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

01/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GIALLO, WILLIAM D
Address: 8 NANCY COURT
City-St-Zip: GLAN COVE, NY 11542

Title: D () Delete
Name: RINALDI, ANN D
Address: 29 RILEY ROAD #12
City-St-Zip: READVILLE, MA 02137

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: GIALLO, WILLIAM VD
Address: 8 NANCY COURT
City-St-Zip: GLAN COVE, NY 11542

Title: VD (X) Change () Addition
Name: RINALDI, ANN VD
Address: 1863 RIVER STREET APT 1
City-St-Zip: READVILLE, MA 02137

Title: PD () Change (X) Addition
Name: KIVEL, BARBARA PD
Address: 1520 SW 50TH STREET #102
City-St-Zip: CAPE CORAL, FL 33914

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: BARBARA KIVEL

PD

01/30/2009

Electronic Signature of Signing Officer or Director

Date