2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000589

Apr 30, 2009 Secretary of State

Entity Name: ORCHID COVE AT PORT OF THE ISLANDS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3050 NORTH HORSEHOE DR 3050 NORTH HORSESHOE DRIVE

SUITE 105 SUITE 105

NAPLES, FL 34104 NAPLES, FL 34104

Current Mailing Address: New Mailing Address:

3050 NORTH HORSESHOE DRIVE 3050 NORTH HORSEHOE DR

SUITE 105 SUITE 105

NAPLES, FL 34104 NAPLES, FL 34104 US

FEI Number: 20-8034680 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WOOD, C. LANE ESQ WOOD, C. LANE ESQ

SALVATORI, WOOD, BUCKEL & WEIDENMILLER, PL SALVATORI & WOOD, P.L

4001 TAMIAMI TRAIL NORTH - STE 300 9132 STRADA PLACE, FOURTH FLOOR NAPLES, FL 34103 US NAPLES FL 34108 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: C. LANE WOOD 04/30/2009

Electronic Signature of Registered Agent Date

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

() Delete (X) Change () Addition

HIGGS, WILLIAM T AGNELLI, JOHN J Name: Name: 3050 NORTH HORSESHOE DR SUITE 105 Address: 3050 NORTH HORSESHOE DR SUITE 105 Address:

NAPLES, FL 34104

City-St-Zip: City-St-Zip: NAPLES, FL 34104 US

VPSD Title: () Delete Title: (X) Change () Addition

AGNELLI, JOHN J Name: HIGGS, ANTONIA Name: Address: 3050 NORTH HORSESHOE DR SUITE 105 Address: 3050 NORTH HORSESHOE DR SUITE 105

City-St-Zip: NAPLES, FL 34104 City-St-Zip: NAPLES, FL 34104 US

Title: SD () Delete Title: (X) Change () Addition

HIGGS, ANTONIA Name: COOK, BEVERLY L Name:

3050 NORTH HORSESHOE DR SUITE 105 3050 NORTH HORSESHOE DR SUITE 105 Address: Address:

City-St-Zip: NAPLES, FL 34104 City-St-Zip: NAPLES, FL 34104 US

(X) Change () Addition Title: () Delete Title: MANKOWSKI, RONALD S Name: LOIACANO, LISA Name:

3050 NORTH HORSESHOE DR SUITE 105 Address: Address: 3050 NORTH HORSESHOE DR SUITE 105

NAPLES, FL 34104 US City-St-Zip: NAPLES, FL 34104 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: JOHN J. AGNELLI PD 04/30/2009