2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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

Current Principal Place of Business:

3050 NORTH HORSESHOE DRIVE
SUITE 105
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

3050 NORTH HORSESHOE DRIVE
SUITE 105
NAPLES, FL 34104 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

WOOD, C. LANE ESQ
SALVATORI, WOOD, BUCKEL & WEIDENMILLER, PL
9132 STRADA PLACE, FOURTH FLOOR
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: AGNELLI, JOHN J
Address: 3050 NORTH HORSESHOE DR SUITE 105
City-St-Zip: NAPLES, FL 34104 US

Title: VPSD
Name: HIGGS, ANTONIA
Address: 3050 NORTH HORSESHOE DR SUITE 105
City-St-Zip: NAPLES, FL 34104 US

Title: T
Name: COOK, BEVERLY L
Address: 3050 NORTH HORSESHOE DR SUITE 105
City-St-Zip: NAPLES, FL 34104 US

Title: D
Name: DAVIS, JOEL A
Address: 3050 NORTH HORSESHOE DR SUITE 105
City-St-Zip: NAPLES, FL 34104 US

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: JOHN J. AGNELLI PD 04/08/2010

Electronic Signature of Signing Officer or Director — Date