

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 21, 2010
Secretary of State

DOCUMENT# N05000000589

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:**6704 LONE OAK BLVD
NAPLES, FL 34109 US**Current Mailing Address:**3050 NORTH HORSESHOE DRIVE
SUITE 105
NAPLES, FL 34104 US**New Mailing Address:**6704 LONE OAK BLVD
NAPLES, FL 34109 US**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:**GUARDIAN PROPERTY MANAGEMENT
6704 LONE OAK BLVD
NAPLES, FL 34109 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: BYRON ROSS

07/21/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: DAVIS, ANTHONY J
Address: 25053 PEACOCK LANE, #202
City-St-Zip: NAPLES, FL 34114 US

Title: S
Name: GILBERT, RONALD
Address: 25077 PEACOCK LANE, #101
City-St-Zip: NAPLES, FL 34114 US

Title: T
Name: SANDERS, AUDREY L
Address: 25069 PEACOCK LANE, #201
City-St-Zip: NAPLES, FL 34114 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: BYRON ROSS

MGR

07/21/2010

Electronic Signature of Signing Officer or Director

Date