

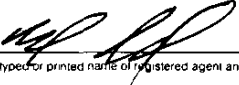

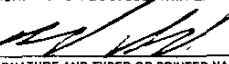


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000010642 1. Entity Name ISLES OF PORTO VISTA CONDOMINIUM 6 ASSOCIATION, INC.				FILED 07 SEP 18 AM 11:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3800 DEL PRADO BLVD. CAPE CORAL, FL 33928		Mailing Address 3800 DEL PRADO BLVD. CAPE CORAL, FL 33928			
2. Principal Place of Business - No P.O. Box # 12734 Kenwood Ln.		3. Mailing Address 12734 Kenwood Ln.			
Suite, Apt. #, etc. Ste. 49		Suite, Apt. #, etc. Ste. 49			
City & State Ft. Myers, FL		City & State Ft. Myers, FL			
Zip 33907		Zip 33907		09052007 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-4153427		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DRIVE SUITE 350 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name: Tropical Isles Management Services, Inc. Street Address (P.O. Box Number is Not Acceptable): 12734 Kenwood Ln, Ste 49 City: Ft Myers FL Zip Code: 33907			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  MARK RUDLAND 9/11/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBITETTO, JOHN 3800 DEL PRADO BLVD. CAPE CORAL, FL 33928	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gil Tenzer 411 West Putnam Ave., Ste. 225 Greenwich, CT 06830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRY, MARK C 3800 DEL PRADO BLVD. CAPE CORAL, FL 33928	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Drew Herold 411 West Putnam Ave., Ste. 225 Greenwich, CT 06830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORBIN, DELINDA 3800 DEL PRADO BLVD. CAPE CORAL, FL 33928	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Halperin 411 West Putnam Ave., Ste. 225 Greenwich, CT 06830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM mark Rudland 12734 Kenwood Ln., Ste. 49 Ft. Myers, FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE:  MARK RUDLAND 9/11/07 935/2999 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					