
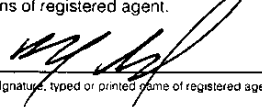



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000010644 1. Entity Name ISLES OF PORTO VISTA CONDOMINIUM 11 ASSOCIATION, INC.				FILED 07 SEP 18 PM 1:40 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3800 DEL PRADO BOULEVARD CAPE CORAL, FL 33928		Mailing Address 3800 DEL PRADO BOULEVARD CAPE CORAL, FL 33928			
2. Principal Place of Business - No P.O. Box # 12734 Kenwood Ln. Suite, Apt. #, etc. Ste. 49 City & State Ft. Myers, FL Zip 33907		3. Mailing Address 12734 Kenwood Ln. Suite, Apt. #, etc. Ste. 49 City & State Ft. Myers, FL Zip 33907		09052007 Chg-NP CR2E037 (12/06) 4. FEI Number 20-4153367 Applied For <input type="checkbox"/> Not Applicable	
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) DATE</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	D	<input checked="" type="checkbox"/> Delete	TITLE	P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBITETTO, JOHN		NAME	James Purin	
STREET ADDRESS	3800 DEL PRADO BOULEVARD		STREET ADDRESS	3956 Pomodoro Cir., #104	
CITY-ST-ZIP	CAPE CORAL, FL 33928		CITY-ST-ZIP	Cape Coral, FL 33909	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERRY, MARK C		NAME	Frank Nissen	
STREET ADDRESS	3800 DEL PRADO BOULEVARD		STREET ADDRESS	3956 Pomodoro Cir., #304	
CITY-ST-ZIP	CAPE CORAL, FL 33928		CITY-ST-ZIP	Cape Coral, FL 33909	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Sec. & Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORBIN, DELINDA		NAME	Mike Gamp	
STREET ADDRESS	3800 DEL PRADO BOULEVARD		STREET ADDRESS	3956 Pomodoro Cir., #103	
CITY-ST-ZIP	CAPE CORAL, FL 33928		CITY-ST-ZIP	Cape Coral, FL 33909	
TITLE		<input type="checkbox"/> Delete	TITLE	Asm	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	mark Rudland	
STREET ADDRESS			STREET ADDRESS	12734 Kenwood Ln., Ste. 49	
CITY-ST-ZIP			CITY-ST-ZIP	Ft. Myers, FL 33907	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			9/11/07 939-2999 <small>Date Daytime Phone #</small>		