2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2010
Secretary of State

DOCUMENT# N06000010650

Entity Name: ISLES OF PORTO VISTA CONDOMINIUM 10 ASSOCIATION, INC.

Current Principal Place of Business:

12734 KENWOOD LN
STE 49
FT MYERS, FL 33907

New Principal Place of Business:

12734 KENWOOD LN
STE 49
FT MYERS, FL 33907 US

Current Mailing Address:

12734 KENWOOD LN
STE 49
FT MYERS, FL 33907

New Mailing Address:

12734 KENWOOD LN
STE 49
FT MYERS, FL 33907 US

FEI Number: 20-4153441 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LN
STE 49
FT MYERS, FL 33907 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: P
Name: HEROLD, DREW
Address: 411 WEST PUTNAM AVE., STE. 225
City-St-Zip: GREENWICH, CT 06830 US

Title: VP
Name: TENZER, GIL
Address: 411 WEST PUTNAM AVE., STE. 225
City-St-Zip: GREENWICH, CT 06830 US

Title: D
Name: HALPERIN, MICHAEL
Address: 411 WEST PUTNAM AVE, STE 225
City-St-Zip: GREENWICH, CT 06830 US

Title: ASM
Name: RUDLAND, MARK
Address: 12734 KENWOOD LN, STE 49
City-St-Zip: FT MYERS, FL 33907 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: MICHAEL HALPERIN S/T 04/02/2010
Electronic Signature of Signing Officer or Director Date