2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

FILED DOCUMENT # N06000010651 07 SEP 21 PM 1:17 1. Entity Name ISLES OF PORTO VISTA CONDOMINIUM 1 ASSOCIATION, INC. SECRETATE OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3800 DEL PRADO BLVD 3800 DEL PRADO BLVD CAPE CORAL, FL 33928 CAPE CORAL, FL 33928 3. Mailing Address 2. Principal Place of Business - No P.O. Bg: スフスタ Kenwood Kenwood La Z --Suite, Apt. #, etc. 49 09052007 Chq-NP CR2E037 (12/06) City & State 4. FEI Number Applied For City & State 20-4173167 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 53907 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent O. Box Number is Not Acceptable) 4. Ken 1. 300 Many general Services Inc. 4. Ken 1. 300 Many general Services Inc. BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DR STE 350 FT MYERS, FL 33907 Zip Code or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, the obligations of registered agent. MARK RUDGANY) SIGNATURE Signature, typed or pur 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Proe Edwards Delete TITLE TITLE DEBITETTO, JOHN NAME NAME 5421 SW 20th Pl. STREET ADDRESS 3800 DEL PRADO BLVD STREET ADDRESS Cape Coral, FL 33914 CAPE CORAL, FL 33928 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE RIKK Sulzman BERRY, MARK C NAME 18 Schindler Terrace 3800 DEL PRADO BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33928 CITY-ST-ZIP West orange, NJ 07052 ☐ Change Addition TITLE Delete TITI F 400109770454 09/21/07--01055--011 **61 CORBIN, DELINDA NAME NAME STREET ADDRESS 3800 DEL PRADO BLVD STREET ADDRESS CAPE CORAL, FL. 33928 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CtTY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Defete TITLE Addition TITLE 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 eath; that I am an officer or director of the corporation or the receiver or trustee employed to execute this eport 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