

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010654

FILED
Mar 31, 2010
Secretary of State

Entity Name: ISLES OF PORTO VISTA CONDOMINIUM 2 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: 20-4153378

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: STEIN, LORETTA
Address: 3948 POMODORO CIR., #302
City-St-Zip: CAPE CORAL, FL 33909 US

Title: VP
Name: EDWARDS, BILL
Address: 5421 SW 20TH PLACE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: S/T
Name: HEROLD, DREW
Address: 411 WEST PUTNAM, STE. 225
City-St-Zip: GREENWICH, CT 06830

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: DREW HEROLD

S/T

03/31/2010

Electronic Signature of Signing Officer or Director

Date