2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000010656				FILED			
Entity Name ISLES OF PORTO VISTA CONDOMINIUM 4 ASSOCIATION, INC.				0	7 OCT 22 AM II: 0	19	
					A 12 SO YEAR OF SIA	TE	
Principal Place of Business 3800 DEL PRADO BLVD. CAPE CORAL, FL 33928		Mailing Address 3800 DEL PRADO BLVD. CAPE CORAL, FL 33928		i,	CONLIAKT OF STAT ALLAHASSEE, FLOR	iĎΑ	
			SERVICE CONTRACTOR OF THE SERVICE CONTRACTOR	E LIMBLE (ELL			
Principal Place of Business - No P.O. Box # 3. Mailing Address							
12734 Suite, Apt.	Kenwood Ln.	12734 Kenwood Ln. Suite, Apt. #, etc.		- DEMIST	ATEMENT _{37 (12/0}	A	
Ste 49		Ste-49		ostenio de la compansión de la compansi	MP C 17 C 12/0		
City & State Ft. Myers, FL		City & State Ft. Muers, FL		4. FEI Number	CZ 41.8	Applied For Not Applicable	
Zip Country		Zip Country			5 Certificate of Status Desired \$8.75 Additional		
33907		33907			5. Certificate of Status Desired Fee Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name							
BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DRIVE SUITE 350 Street Address				Tapical LSICS Ma Idress (P.O. Box Number is Not	pical Isles Management Services, Inc. 58 (P.O. Box Number is Not Acceptable)		
FORT MYERS, FL 33907				1273+ Kenwood in Ste. 49			
city Ft. Myers						3907	
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 RYDLAND 9/11/67							
Signature, high for printed name of registered agent and tale at applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Filling Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Due by September 14, 2007 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Florida Department of State							
10.	OFFICERS AND DIF		11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTOR		
TITLE NAME	DEBITETTI, JOHN	🔀 Delete	TITLE	Gil Tenzer	☐ Chai	nge 🔀 Addition	
STREET ADDRESS	3800 DEL PRADO BLVD.		STREET ADORESS	411 West Putnam 1	•	ļ	
CITY-ST-ZIP	CAPE CORAL, FL 33928		CITY-ST-ZIP	Greenwich, CT			
TITLE NAME	D BERRY, MARK C	Delete	TITLE NAME	Drew Herold	☐ Chai	ige 💢 Addition	
STREET ADDRESS	3800 DEL PRADO BLVD.		STREET ADDRESS	HII W. Putnam P	ive, ste. aas		
CITY-ST-ZIP	CAPE CORAL, FL 33928		CITY-ST-ZIP	Greenwich, CI	06830		
NAME	D CORBIN, DELINDA	🔀 Delete	TITLE NAME	D michael Halpe	□ Cha	nge 🔀 Addition	
STREET ADDRESS			STREET ADDRESS	HII W. Putnam	Ave., Ste. 225		
CITY-ST-ZIP	CAPE CORAL, FL 33928		CITY-ST-ZIP	Greenusch.C	<u> </u>		
TITLE NAME		🗖 Delete	TITLE NAME	ASM Budlan	d □ Cha	nge 💢 Addition	
STREET ADDRESS			STREET ADDRESS	mark-hudland 12734 Kenwood	ãun., ste. 49		
CITY-SI-ZIP			CITY-ST-ZIP	Ft myers, FL			
TITLE		☐ Delete	TITLE NAME		☐ Cha	nge 🗌 Addition	
STREET ADDRESS	}		STREET ADDRESS	(a) - 1	113		
CITY-ST-ZIP			CITY-ST-ZIP		\w		
TITLE NAME		☐ Delete	TITLE NAME	<u></u>	Cha ⊡ Cha ا	nge Addition	
STREET ADDRESS			STREET ADDRESS	10/24/0	701009003 *	236.25	
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP		. 01000 000 .		
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 that 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 rice empowered.							
	1 - 1 // MACK CUDIAND 94 0 1979-7999						
SIGNATURE: SIGNATURE AND TAPED OR MAINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Department of the property of th							