## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000010656

FILED Apr 07, 2009 Secretary of State

Entity Name: ISLES OF PORTO VISTA CONDOMINIUM 4 ASSOCIATION, INC.

**Current Principal Place of Business:** New Principal Place of Business: 12734 KENWOOD LN 12734 KENWOOD LN. STE 49 STE. 49 FT MYERS, FL 33907 FT. MYERS, FL 33907 **Current Mailing Address: New Mailing Address:** 12734 KENWOOD LN 12734 KENWOOD LN. STE 49 STE. 49 FT MYERS, FL 33907 FT. MYERS, FL 33907 FEI Number: 20-4153468 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TROPICAL ISLES MANAGEMENT SERVICES, INC. TROPICAL ISLES MANAGEMENT SERVICES, INC. 12734 KENWOOD LN 12734 KENWOOD LN. **STE 49** STE. 49 FT MYERS, FL 33907 US FT. MYERS, FL 33907 US 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: 04/07/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition ANGEL, DAWN HEROLD, DREW Name: Name: 3940 POMODORO CIRCLE, #20225 Address: 411 W. PUTNAM AVE., STE. 225 Address: City-St-Zip: CAPE CORAL, FL 33909 City-St-Zip: GREENWICH, CT 06830 Title: () Delete Title: (X) Change ( ) Addition Name: HEROLD, DREW Name: TENZER, GIL Address: 411 W PUTNAM AVE, STE 225 Address: 411 W PUTNAM AVE, STE 225 City-St-Zip: GREENWICH, CT 06830 City-St-Zip: GREENWICH, CT 06830 Title: () Delete Title: () Change () Addition HALPERIN, MICHAEL Name: Name: 411 W PUTNAM AVE, STE 225 Address: Address: City-St-Zip: GREENWICH, CT 06830 City-St-Zip: Title: ASM () Delete Title: () Change () Addition Name: RUDLAND, MARK Name: 12734 KENWOOD LN, STE 49 Address: Address: City-St-Zip: FT MYERS, FL 33907 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JENNIFER C. WORTHINGTON CAM 04/07/2009