

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N06000010658

1. Entity Name
**ISLES OF PORTO VISTA CONDOMINIUM 13
ASSOCIATION, INC.**



Principal Place of Business

12734 KENWOOD LN
STE 49
FT MYERS, FL 33907

Mailing Address

12734 KENWOOD LN
STE 49
FT MYERS, FL 33907

FILED
08 FEB -8 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01282008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5258477

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LN
STE 49
FT MYERS, FL 33907

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is **\$61.25**
Due by May 1, 2008 *865 MK 1/28*

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME TENZER, GIL
STREET ADDRESS 411 WEST PUTNAM AVE STE 225
CITY-ST-ZIP GREENWICH, CT 06830

TITLE D
NAME HEROLD, DREW
STREET ADDRESS 411 WEST PUTNAM AVE STE 225
CITY-ST-ZIP GREENWICH, CT 06830

TITLE D
NAME HALPERIN, MICHAEL
STREET ADDRESS 411 WEST PUTNAM AVE STE 225
CITY-ST-ZIP GREENWICH, CT 06830

TITLE ASM
NAME RUDLAND, MARK
STREET ADDRESS 12734 KENWOOD LN STE 49
CITY-ST-ZIP FT MYERS, FL 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800118355868
02/19/08--01052--004 **61.25

**DO NOT WRITE
IN THIS SPACE**

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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-08 239-959-2999