


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000010669	
1. Entity Name ISLES OF PORTO VISTA CONDOMINIUM 18 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
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DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TENZER, GIL 411 WEST PUTNAM AVE, STE 225 GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEROLD, DREW 411 WEST PUTNAM AVE, STE 225 GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALPERIN, MICHAEL 411 WEST PUTNAM AVE, STE 225 GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM RUDLAND, MARK 12734 KENWOOD LN, STE 49 FT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

500118355975
02/19/08--01052--006 **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: <u>MARK RUPLAND</u>	1-28-08	23 9-939-2899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

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



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-5258889	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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