

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010669

FILED
Apr 08, 2009
Secretary of State

Entity Name: ISLES OF PORTO VISTA CONDOMINIUM 18 ASSOCIATION, INC.

Current Principal Place of Business:

12734 KENWOOD LN
STE 49
FT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12734 KENWOOD LN
STE 49
FT MYERS, FL 33907

New Mailing Address:

FEI Number: 20-5258889

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: D () Delete
Name: TENZER, GIL
Address: 411 WEST PUTNAM AVE, STE 225
City-St-Zip: GREENWICH, CT 06830

Title: D () Delete
Name: HEROLD, DREW
Address: 411 WEST PUTNAM AVE, STE 225
City-St-Zip: GREENWICH, CT 06830

Title: D () Delete
Name: HALPERIN, MICHAEL
Address: 411 WEST PUTNAM AVE, STE 225
City-St-Zip: GREENWICH, CT 06830

Title: ASM () Delete
Name: RUDLAND, MARK
Address: 12734 KENWOOD LN, STE 49
City-St-Zip: FT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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

04/08/2009

Electronic Signature of Signing Officer or Director

Date