2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2012
Secretary of State

DOCUMENT# N06000010669

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

Current Principal Place of Business:

12734 KENWOOD LN
STE 49
FT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

12734 KENWOOD LN
STE 49
FT MYERS, FL 33907 US

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: VP
Name: HEROLD, DREW
Address: 12734 KENWOOD LN, STE. 49
City-St-Zip: FT. MYERS, FL 33907 US

Title: VP
Name: HALPERIN, MICHAEL
Address: 12734 KENWOOD LN, STE. 49
City-St-Zip: FT. MYERS, FL 33907 US

Title: VP
Name: TENZER, GIL
Address: 12734 KENWOOD LN, STE. 49
City-St-Zip: FT. MYERS, FL 33907 US

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

I hereby 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 all other like empowered.

SIGNATURE: DREW HEROLD VP 03/01/2012

Electronic Signature of Signing Officer or Director — Date