

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010670

FILED  
Mar 01, 2012  
Secretary of State

**Entity Name:** ISLES OF PORTO VISTA CONDOMINIUM 17 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:** 20-5258776

**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