

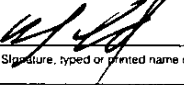
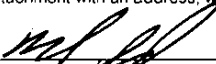


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000010671 1. Entity Name ISLES OF PORTO VISTA CONDOMINIUM 16 ASSOCIATION, INC.			FILED 07 SEP 18 AM 11:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 3800 DEL PRADO BLVD. CAPE CORAL, FL 33928		Mailing Address 3800 DEL PRADO BLVD. CAPE CORAL, FL 33928	
2. Principal Place of Business - No P.O. Box # 12734 Kenwood Ln. Suite, Apt. #, etc. Ste. 49 City & State Ft. Myers, FL Zip 33907		3. Mailing Address 12734 Kenwood Ln. Suite, Apt. #, etc. Ste. 49 City & State Ft. Myers, FL Zip 33907	
			
		09052007 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-5258741		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DR., STE. 350 FT. MYERS, FL 33907		7. Name and Address of New Registered Agent Name Tropical Isles Management Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 12734 Kenwood Ln., Ste. 49 City Ft. Myers FL Zip Code 33907	
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  MARK RUDLAND <small>Signature, typed or printed name of registered agent and title if applicable.</small>		9/11/07 <small>DATE</small>	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D DEBITETTO, JOHN <input checked="" type="checkbox"/> Delete	TITLE	D Gil Tenzar <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3800 DEL PRADO BLVD.	NAME	411 West Putnam Ave., Ste. 225
STREET ADDRESS	CAPE CORAL, FL 33928	STREET ADDRESS	Greenwich, CT 06830
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	D BERRY, MARK C. <input checked="" type="checkbox"/> Delete	TITLE	D Drew Herold <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3800 DEL PRADO BLVD.	NAME	411 West Putnam Ave., Ste. 225
STREET ADDRESS	CAPE CORAL, FL 33928	STREET ADDRESS	Greenwich, CT 06830
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	D CORBIN, DELINDA <input checked="" type="checkbox"/> Delete	TITLE	D Michael Halperin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3800 DEL PRADO BLVD.	NAME	411 West Putnam Ave., Ste. 225
STREET ADDRESS	CAPE CORAL, FL 33928	STREET ADDRESS	Greenwich, CT 06830
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	ASM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	mark Rudland
STREET ADDRESS		STREET ADDRESS	12734 Kenwood Ln., Ste. 49
CITY- ST- ZIP		CITY- ST- ZIP	Ft. Myers, FL 33907
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
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:  MARK RUDLAND <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		9/11/07 <small>Date</small>	
		835-2996 <small>Daytime Phone #</small>	