

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N06000010671			FILED 08 FEB -8 PM 2:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name ISLES OF PORTO VISTA CONDOMINIUM 16 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		
DO NOT WRITE IN THIS SPACE				
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 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		
10. OFFICERS AND DIRECTORS		400118355804 02/19/08--01052--003 **61.25 DO NOT WRITE IN THIS SPACE		
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, ST E49 FT MYERS, FL 33907			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-28-08 239-939-2999 Date Daytime Phone #		