

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745014

**Entity Name:** VERSAILLES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4722 SE 1ST PLACE  
CAPE CORAL, FL 33904

**Current Mailing Address:**

SILVERCRESTED MANAGEMENT, LLC  
PO BOX 1848  
FT. MYERS, FL 33902 US

**FEI Number:** 59-1966207

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SILVERCRESTED MANAGEMENT, LLC  
1490 NE PINE ISLAND ROAD  
8D  
CAPE CORAL, FL 33917 US

*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

**Officer/Director Detail :**

Title VP  
Name SPINA, MARIO  
Address 209 IRISH LANE  
City-State-Zip: ISLIP TERRACE NY 11752

Title SECRETARY, TREASURER  
Name SPINA, MARIO  
Address 4722 SE 1ST PLACE # 04  
City-State-Zip: CPAE CORAL FL 33904

Title PRESIDENT  
Name WINKLER, WILHELM  
Address 4722 SE 1ST PL # 10  
City-State-Zip: CAPE CORAL FL 33904

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:** WILHELM WINKLER

**PRESIDENT**

**03/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date