

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761270

Entity Name: MARINATOWN VILLAGE, A CONDOMINIUM ASSOCIATION, INC.**FILED**
Apr 14, 2017
Secretary of State
CC8114614493**Current Principal Place of Business:**C/O SILVERCRESTED MANAGEMENT
125 SW 3RD PLACE STE #207
CAPE CORAL, FL 33991**Current Mailing Address:**C/O SILVERCRESTED MANAGEMENT
PO BOX 1848
FORT MYERS, FL 33902 US**FEI Number: 59-2393150****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SILVER CRESTED MANAGEMENT, LLC
125 SW 3RD PLACE
STE #207
CAPE CORAL, FL 33991 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	MELZER, ALICE
Address	C/O SILVERCRESTED MANAGEMENT PO BOX 1848
City-State-Zip:	FORT MYERS FL 33902

Title	SECRETARY, TREASURER
Name	GRAHAM, TERRI
Address	C/O SILVERCRESTED MANAGEMENT PO BOX 1848
City-State-Zip:	FORT MYERS FL 33902

Title	PRESIDENT
Name	TURIANO, NORMAN
Address	C/O SILVERCRESTED MANAGEMENT PO BOX 1848
City-State-Zip:	FORT MYERS FL 33902

Title	DIRECTOR
Name	STUART, FREDDA
Address	C/O SILVERCRESTED MANAGEMENT PO BOX 1848
City-State-Zip:	FORT MYERS FL 33902

Title	DIRECTOR
Name	COHEN, DEAN
Address	C/O SILVERCRESTED MANAGEMENT PO BOX 1848
City-State-Zip:	FORT MYERS FL 33902

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: NORMAN TURIANO**PRESIDENT****04/14/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date