# 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: ALICE MELZER

Electronic Signature of Signing Officer/Director Detail

## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# 761270

### Entity Name: MARINATOWN VILLAGE, A CONDOMINIUM ASSOCIATION, INC.

### Current Principal Place of Business:

1490 NE PINE ISLAND RD. BLDG 8-D CAPE CORAL, FL 33909

#### **Current Mailing Address:**

PO BOX 1848 FORT MYERS, FL 33902

#### FEI Number: 59-2393150

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

SILVER CRESTED MANAGEMENT, LLC 1490 NE PINE ISLAND ROAD BLDG 8-D CAPE CORAL, FL 33909 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

#### Officer/Director Detail :

Title	PD	Title	STD
Name	MELZER, ALICE	Name	COKEL, CINDY
Address	P O BOX 1848	Address	P O BOX 1848
City-State-Zip:	FT. MYERS FL 33902	City-State-Zip:	FORT MYERS FL 33902
Title	VPD		
Name	COHEN, DEAN		
Address	P O BOX 1848		
City-State-Zip:	FORT MYERS FL 33903		

PRESIDENT

Certificate of Status Desired: No

03/27/2015

FILED Mar 27, 2015 Secretary of State CC9734469256

Date

Date