2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763144

Entity Name: CENTRE COURT I CONDOMINIUM ASSOCIATION, INC.

FILED Feb 05, 2015 Secretary of State CC9848551626

Current Principal Place of Business:

2121 COLLIER AVENUE FT MYERS. FL 33901

Current Mailing Address:

C/O SILVERCRESTED MANAGEMENT, LLC P. O. BOX 1848 FT MYERS. FL 33902 US

FEI Number: 31-1009471 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVERCRESTED MANAGEMENT, LLC 1490 NE PINE ISLAND RD 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

Date

Officer/Director Detail:

Title PRESIDENT Title SECRETARY, TREASURER

NameIRWIN, MARTINNameLEWIS, JACKAddressPO BOX 1848AddressPO BOX 1848

City-State-Zip: FORT MYERS FL 33902 City-State-Zip: FT MYERS FL 33902

Title VP Title D

NameGOEPPER, CARLNameDIXON, DAMONAddressPO BOX 1848AddressPO BOX 1848

City-State-Zip: FORT MYERS FL 33902 City-State-Zip: FORT MYERS FL 33902

Title D Title DIRECTOR

Name WILLOUGHBY, ELWOOD Name WHITTINGTON, LEE

Address PO BOX 1848 Address PO BOX 1848

City-State-Zip: FT. MYERS FL 33902 City-State-Zip: FT. MYERS FL 33902

Title DIRECTOR

Name RITZ, FRED

Address PO BOX 1848

City-State-Zip: FT. 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: MARTIN IRWIN PRESIDENT 02/05/2015