

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763144

Entity Name: CENTRE COURT I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2121 COLLIER AVENUE
FT MYERS, FL 33901

FILED
Mar 22, 2013
Secretary of State
CC0793219819

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 PD
Name KANE, JAMES
Address 2121 COLLIER AVE #515
City-State-Zip: FORT MYERS FL 33901

Title VP
Name VANHOOSER, WILMA
Address 2121 COLLIER AVE # 213
City-State-Zip: FORT MYERS FL 33901

Title SECRETARY, TREASURER
Name PITTS, LINDA
Address 2121 COLLIER AVE #403
City-State-Zip: FT MYERS FL 33901

Title D
Name IRWIN, MARTIN
Address 2121 COLLIER AVE #409
City-State-Zip: FORT MYERS FL 33901

Title D
Name BREWER, LLOYD
Address 2121 COLLIER AVE #315
City-State-Zip: FORT MYERS FL 33901

Title D
Name WILLOUGHBY, ELWOOD
Address 4195 LAGRANGE RD
City-State-Zip: SHELBYVILLE KY 40065

Title DIRECTOR
Name GOEPPER, CARL
Address 2121 COLLIER AVE #218
City-State-Zip: FT. MYERS FL 33901

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: JAMES KANE

PRESIDENT

03/22/2013

Electronic Signature of Signing Officer/Director Detail

Date