

2016 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

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
Name IRWIN, MARTIN
Address PO BOX 1848
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR
Name LEWIS, JACK
Address PO BOX 1848
City-State-Zip: FT MYERS FL 33902

Title VP
Name HAMIL, PATRICK
Address PO BOX 1848
City-State-Zip: FORT MYERS FL 33902

Title SECRETARY/TREASURER
Name GRADMAN, RICHARD
Address PO BOX 1848
City-State-Zip: FORT MYERS FL 33902

Title D
Name WILLOUGHBY, ELWOOD
Address PO BOX 1848
City-State-Zip: FT. MYERS FL 33902

Title DIRECTOR
Name WHITTINGTON, LEE
Address PO BOX 1848
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

04/15/2016

Electronic Signature of Signing Officer/Director Detail

Date