2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763144

Entity Name: CENTRE COURT I CONDOMINIUM ASSOCIATION, INC.

FILED Feb 13, 2017 **Secretary of State** CC3088804520

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 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:

City-State-Zip:

Electronic Signature of Registered Agent

Officer/Director Detail:

PRESIDENT Title Title DIRECTOR

Name IRWIN. MARTIN Name MCLELLAN, PAM

Address PO BOX 1848 Address C/O SILVERCRESTED MANAGEMENT,

LLC

FT. MYERS FL 33902

P. O. BOX 1848

City-State-Zip: FT MYERS FL 33902 VΡ Title

Name HAMILL, PATRICK Title SECRETARY/TREASURER Address PO BOX 1848 Name GRADMAN, RICHARD

City-State-Zip: FORT MYERS FL 33902 Address PO BOX 1848

City-State-Zip: FORT MYERS FL 33902

Title

Name WILLOUGHBY, ELWOOD Title DIRECTOR

Name WHITTINGTON, LEE Address PO BOX 1848

City-State-Zip: FT. MYERS FL 33902 Address PO BOX 1848

City-State-Zip: Title **DIRECTOR**

GALYEAN, BARBARA Name

C/O SILVERCRESTED MANAGEMENT, Address LLC

FORT MYERS FL 33902

P. O. 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.

02/13/2017 SIGNATURE: MARTIN IRWIN PRESIDENT

Date