

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004440

Entity Name: HARBOR PLACE VISTAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SILVERCRESTED MANAGEMENT LLC
1490 NE PINE ISLAND ROAD 8D
CAPE CORAL,, FL 33919

Current Mailing Address:

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

FEI Number: 65-1073528

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C/O SILVERCRESTED MANAGEMENT LLC
1490 NE PINE ISLAND ROAD
8D
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 VP
Name ADAMS, PHIL
Address 14817 LAGUNA DR. #303
City-State-Zip: FT. MYERS FL 33908

Title D
Name KRISKA, JAN
Address 14819 LAGUNA DR #203
City-State-Zip: FORT MYERS FL 33908

Title DIRECTOR
Name HANLON, JOHN
Address 14815 LAGUNA DR. #601
City-State-Zip: FT. MYERS FL 33908

Title PD
Name WHEATCRAFT, WILLIAM
Address 13743 WEST 158TH ST
City-State-Zip: OLATHE KS 66062

Title SECRETARY, TREASURER
Name JOHNSON, ARLEN
Address 14815 LAGUNA DR. #502
City-State-Zip: FORT MYERS FL 33908

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: WILLIAM WHEATCRAFT

PRESIDENT

03/22/2013

Electronic Signature of Signing Officer/Director Detail

Date