

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001443

Entity Name: RIVER PLACE TOWNHOUSE ASSOCIATION, INC.

Current Principal Place of Business:

C/O SILVERCRESTED MANAGEMENT LLC
1490 NE PINE ISLAND RD., BLDG 8-D
CAPE CORAL, FL 33909

Current Mailing Address:

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

FEI Number: 20-0543660

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVERCRESTED MANAGEMENT LLC
1490 NE PINE ISLAND RD.
BLDG 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 SINGER, NANCY
Address 3661 EDGEWOOD AVE
City-State-Zip: FORT MYERS FL 33916

Title SD
Name CANNON, ERIC
Address 3736 COLD CREEK DR
City-State-Zip: VALRICO FL 33596

Title TD
Name MARINO, LOUIS
Address P.O. BOX 245
City-State-Zip: MCFARLAND WI 53558

Title D
Name PATAK, CHARLES
Address 3643 EDGEWOOD AVE
City-State-Zip: FORT MYERS FL 33916

Title VD
Name PROL, LORI
Address P.O. BOX 61862
City-State-Zip: FT. MYERS FL 33906

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: NANCY SINGER

P

03/21/2014

Electronic Signature of Signing Officer/Director Detail

Date