

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005983

Entity Name: ARTISTS ENCLAVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

125 SW 3RD PL STE 207
CAPE CORAL , FL 33991

Current Mailing Address:

C/O SILVERCRESTED MGMT
PO BOX 1848
FT. MYERS, FL 33902 US

FEI Number: 45-3340930

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVERCRESTED MANAGMENT
C/O SILVERCRESTED MGMT
PO BOX 1848
FT. MYERS, FL 33902 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: KYLE HUBLER

03/02/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HITE, HARRY
Address C/O SILVERCRESTED MGMT
 PO BOX 1848
City-State-Zip: FT. MYERS FL 33902

Title VP
Name MCGARVEY, RUTH
Address C/O SILVERCRESTED MGMT
 PO BOX 1848
City-State-Zip: FT. MYERS FL 33902

Title SECRETARY
Name LAHRE, SUSAN
Address C/O SILVERCRESTED MGMT
 PO BOX 1848
City-State-Zip: FT. MYERS FL 33902

Title TREASURER
Name ANDERSON, JIM
Address C/O SILVERCRESTED MGMT
 PO BOX 1848
City-State-Zip: FT. MYERS FL 33902

Title DIRECTOR
Name BARBER, TOM
Address C/O SILVERCRESTED MGMT
 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: HARRY HITE

PRESIDENT

03/02/2017

Electronic Signature of Signing Officer/Director Detail

Date