2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765822

FILED Feb 26, 2009 Secretary of State

Entity Name: THE VILLAGE OF CEDARBEND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O SILVERCRESTED MANAGEMENT LLC 3436 MARINATOWN LN, 1ST FL, UNIT 4 NORTH FORT MYERS, FL 33903 US

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-2365388 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3440 MARINATOWN LANE
SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE

203 1ST FL UNIT 4

NORTH FORT MYERS, FL 33903 US NORTH FORT MYERS, FL 33903 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: CHAD VAN TILBURG 02/26/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete Title: VD (X) Change () Addition Name: MUDD, JAMES Name: MUDD, JAMES

Address: 5202 CEDARBEND DRIVE #3 Address: 3436 MARINATOWN LANE 1ST FL UNIT 4
City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: NORTH FORT MYERS, FL 33903

Title: PD () Delete Title: PD (X) Change () Addition

Name: CAMPBELL, KELLY Name: CAMPBELL, KELLY

Address: 5268 CEDARBEND DRIVE #4 Address: 3436 MARINATOWN LANE 1ST FL UNIT 4

City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: NORTH FORT MYERS, FL 33903

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name: SERIAN, JUSTIN Name: MCINTYRE, SUZIE
Address: 5234 CEDARBEND DRIVE #3 Address: 3436 MARINATOWN LANE 1ST FL UNIT 4

City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: NORTH FORT MYERS, FL 33903

Title: TD () Delete Title: TD (X) Change () Addition

Name: ORSINE, BRIAN Name: ORSINE, BRIAN

Address: 5226 CEDARBEND DRIVE #2 Address: 3436 MARINATOWN LANE 1ST FL UNIT 4

City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: NORTH FORT MYERS, FL 33903

Title: SD (X) Delete Title: () Change () Addition

 Name:
 BANYAN, MARGARET
 Name:

 Address:
 5204 CEDARBEND DRIVE #1
 Address:

 City-St-Zip:
 FORT MYERS, FL 33919
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KELLY CAMPBELL PD 02/26/2009