2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765822

FILED Apr 11, 2012 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

C/O SILVERCRESTED MANAGEMENT LLC 1490 NE PINE ISLAND ROAD 8D

CAPE CORAL, FL 33909

Current Mailing Address:

New Mailing Address:

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

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

SILVERCRESTED MANAGEMENT LLC 3436 MARINATOWN LANE 1ST FL UNIT 4 NORTH FORT MYERS, FL 33903 US

1490 NE PINE ISLAND ROAD

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: MICHELLE COLLINS

04/11/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ORSINE, CHARLENE Name: Address: 5237 CEDARBEND DR. #4 City-St-Zip: FORT MYERS, FL 33919

Title: PD

Name: CAMPBELL, KELLY Address: 6237 PRESIDENTIAL CT City-St-Zip: FORT MYERS, FL 33919

Title: VD

ORSINE, BRIAN Name:

5226 CEDARBEND DR. #2 Address: City-St-Zip: FORT MYERS, FL 33919

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: MICHELLE COLLINS CAM

Electronic Signature of Signing Officer or Director

04/11/2012 Date