2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# N04000007209

Entity Name: COACH HOMES III AT MOODY RIVER ESTATES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3436 MARINATOWN LANE 1ST FLOOR UNIT 4
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

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

Current Mailing Address:

P.O. BOX 1848
FORT MYERS, FL 33902

New Mailing Address:

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

FEI Number: 34-2032642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ATKINS, MARIA
Address: 3050 MOODY RIVER BLVD
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: TD ( ) Delete
Name: MORGAN, LAURIE
Address: 3050 MOODY RIVER BLVD
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: SD (X) Delete
Name: JONES, ROSE MARIA
Address: 3050 MOODY RIVER ESTATES
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WINESETTE, ROBERT
Address: 3201 SEA HAVEN COURT #3
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VD (X) Change ( ) Addition
Name: COOK, TOM
Address: 3231 SEA HAVEN COURT #4
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: ( ) Change ( ) Addition
Name:
Address:
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: ROBERT WINESETTE PD 02/26/2009

Electronic Signature of Signing Officer or Director — Date