2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2012
Secretary of State

DOCUMENT# N04000007209

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

Current Principal Place of Business:

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

New Principal Place of Business:

3050 MOODY RIVER BLVD
NORTH FORT MYERS, FL 33903

Current Mailing Address:

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

New Mailing Address:

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:

SILVERCRESTED MANAGEMENT, LLC
1490 NE PINE ISLAND ROAD
8D
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: _____ 02/20/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

Title: STD
Name: BRUCE, BARBARA
Address: 3201 SEA HAVEN COURT #3
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VP
Name: LOIACONO, MARILYN
Address: 3201 SEA HAVEN COURT #1
City-St-Zip: NORTH FT. MYERS, FL 33903

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 02/20/2012
Electronic Signature of Signing Officer or Director — Date