

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007212

FILED
Feb 20, 2012
Secretary of State

Entity Name: CARRIAGE HOMES II AT MOODY RIVER ESTATES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3050 MOODY RIVER BLVD
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 34-2032625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

C/O 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: _____

Electronic Signature of Registered Agent

02/20/2012

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: RICHELLELLI, FRANK
Address: 2809 SW 46TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

Title: VP
Name: ISPHORDING, BRUCE
Address: 3261-4 LEE WAY COURT
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: STD
Name: BILLY, RONALD JR
Address: 10642 HARRISON CT
City-St-Zip: ROSCOE, IL 61073

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