

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000925

FILED  
Apr 19, 2012  
Secretary of State

**Entity Name:** PATIO DE LEON II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3436 MARINATOWN LANE  
SUITE 4  
NORTH FORT MYERS, FL 33902

**New Principal Place of Business:**

1490 NE PINE ISLAND RD.  
BLDG 8-D  
CAPE CORAL, FL 33909

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 80-0708502

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SILVERCRESTED MANAGEMENT  
3436 MARINATOWN LANE  
SUITE 4  
NORTH FORT MYER, FL 33903 US

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

SILVERCRESTED MANAGEMENT  
1490 NE PINE ISLAND RD.  
BLDG 8-D  
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:

04/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: GOERTZ, DOMINIK  
Address: 2254 FIRST STREET  
City-St-Zip: FORT MYERS, FL 33901

Title: PD  
Name: TINCHER, TERRY  
Address: 2260 FIRST ST #216  
City-St-Zip: FORT MYERS, FL 33901

Title: STD  
Name: PRICE, PATTI  
Address: 1523 MCGREGOR RESERVE DRIVE  
City-St-Zip: FT. MYERS, FL 33901

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: TERRY TINCHER

PD

04/19/2012

Electronic Signature of Signing Officer or Director

Date