

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32372

FILED
Feb 07, 2012
Secretary of State

Entity Name: OCEAN ISLE RIVERVIEW 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 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0120016 **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 FL UNIT 4
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

SILVERCRESTED MANAGEMENT LLC
1490 NE PINE ISLAND ROAD
UNIT 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: _____ 02/07/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: STD
Name: ECCLES, MICHELE
Address: PO BOX 317
City-St-Zip: PORTSMOUTH, RI 02871 US

Title: PD
Name: ELLWOOD, DAVID
Address: 1109 CHESAPEAKE DR
City-St-Zip: STEVENSVILLE, MD 21666 US

Title: VD
Name: LAUNDRA, JOHN
Address: 1950 BEACH PARKWAY #203
City-St-Zip: CAPE CORAL, FL 33904

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: DAVID ELLWOOD PD 02/07/2012
Electronic Signature of Signing Officer or Director Date