

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759065

**FILED
Mar 20, 2015
Secretary of State
CC1889381118**

Entity Name: COUNTRY PINES OF NORTH FORT MYERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SILVERCRESTED MANAGEMENT LLC
1490 NE PINE ISLAND RD., BLDG 8-D
CAPE CORAL, FL 33909

Current Mailing Address:

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

FEI Number: 59-2267111

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVERCRESTED MANAGEMENT LLC
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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name VISAGGIO, MATHEW
Address P O BOX 1848
City-State-Zip: FORT MYERS FL 33902

Title SECRETARY, TREASURER
Name MITCHELL, DENISE
Address P O BOX 1848
City-State-Zip: FORT MYERS FL 33902

Title D
Name DEFEE, SUSAN
Address PO BOX 1848
City-State-Zip: FORT MYERS FL 33902

Title D
Name NELSON, RONALD
Address P O BOX 1848
City-State-Zip: FORT MYERS FL 33902

Title PRESIDENT
Name MCBEE, HELENE
Address P O BOX 1848
City-State-Zip: FT. MYERS FL 33902

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: HELENE MCBEE

PRESIDENT

03/20/2015

Electronic Signature of Signing Officer/Director Detail

Date