2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759065

Entity Name: COUNTRY PINES OF NORTH FORT MYERS CONDOMINIUM

ASSOCIATION, INC.

FILED
Mar 21, 2014
Secretary of State
CC2645356295

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 VD Title SD

Name VISAGGIO, MATHEW Name MACKLER, JENNIFER
Address 1211 HALL ROAD #1101 Address 1210 HALL ROAD #204

City-State-Zip: NORTH FORT MYERS FL 33903 City-State-Zip: NORTH FORT MYERS FL 33903

Title D Title D

NameDEFEE, SUSANNameVAN SCHYNDLE, CRAIG MAddressPO BOX 2930Address1240 HALL ROAD #508

City-State-Zip: FOREST PARK GA 30298 City-State-Zip: NORTH FORT MYERS FL 33903

Title PRESIDENT

Name MCBEE, HELEN

Address 1240 HALL RD. #504

City-State-Zip: N. 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.

Electronic Signature of Signing Officer/Director Detail