

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759065

FILED
Feb 01, 2013
Secretary of State
CC4369530437

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 VD
Name MACKLER, JENNIFER
Address 1210 HALL ROAD #204
City-State-Zip: NORTH FORT MYERS FL 33903

Title SD
Name YAHL, JUDY
Address 1231 BARRETT ROAD #1005
City-State-Zip: NORTH FORT MYERS FL 33903

Title D
Name HEUBERGER, MARK
Address 2850 75TH ST. W
City-State-Zip: BRADENTON FL 34209

Title TD
Name VAN SCHYNDLE, CRAIG M
Address 1240 HALL ROAD #508
City-State-Zip: NORTH FORT 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.

SIGNATURE: JENNIFER MACKLER

VD

02/01/2013

Electronic Signature of Signing Officer/Director Detail

Date