

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008849

Entity Name: PALMS AT WATERS EDGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3320 N KEY DRIVE
NORTH FORT MYERS, FL 33903

Current Mailing Address:

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

FEI Number: 20-5920715

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVERCRESTED MANAGEMENT LLC
1490 NE PINE ISLAND ROAD
8D
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 PRESIDENT
Name FORMAN, MARC
Address PO BOX 1848
City-State-Zip: FT. MYERS FL 33902

Title S, TREASURER
Name SICKLER, DWIGHT
Address PO BOX 1848
City-State-Zip: FT. MYERS FL 33902

Title VP
Name CARTER, MICKEY
Address PO BOX 1848
City-State-Zip: FT. MYERS FL 33902

Title VP
Name LANCMAN, WALT
Address PO BOX 1848
City-State-Zip: FT. MYERS FL 33902

Title VP
Name OELSCHLAGER, HARLEY
Address PO 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: MARC FORMAN

PRESIDENT

03/24/2015

Electronic Signature of Signing Officer/Director Detail

Date