2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2014
Secretary of State
CC6749067116

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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	SECRETARY
Name	FORMAN, MARC
Address	3330 N KEY DRIVE, UNIT F-5
City-State-Zip:	NORTH FORT MYERS FL 33903

Title	S, TREASURER
Name	PATTISON, DEBORAH
Address	3336 NORTH KEY DRIVE J2
City-State-Zip:	NORTH FORT MYERS FL 33902

Title	DIRECTOR
Name	CARTER, MICKEY
Address	3342 NORTH KEY DRIVE L7
City-State-Zip:	NORTH FORT MYERS FL 33902

Title	DIRECTOR
Name	LANCMAN, WALT
Address	340 CRESTWOOD CT
City-State-Zip:	ALGONQUIN IL 60102

Title	PRESIDENT
Name	FRY, MARK
Address	3334 N. KEY DR #H6
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.

SIGNATURE: MARK FRY PRESIDENT 04/04/2014

Electronic Signature of Signing Officer/Director Detail — Date