

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32372

**FILED  
Apr 12, 2016  
Secretary of State  
CC7160898391**

**Entity Name:** OCEAN ISLE RIVERVIEW CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 65-0120016**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SILVERCRESTED MANAGEMENT LLC  
1490 NE PINE ISLAND ROAD  
UNIT 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 STD  
Name FRANKLIN, WAYNE  
Address PO BOX 1848  
City-State-Zip: FORT MYERS FL 33902

Title VD  
Name ELLWOOD, DAVID  
Address PO BOX 1848  
City-State-Zip: FORT MYERS FL 33902

Title PD  
Name LAUNDRA, JOHN  
Address PO BOX 1848  
City-State-Zip: FORT 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: JOHN LAUNDRA**

**PRESIDENT**

**04/12/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date