

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32372

**FILED**  
**Jan 27, 2014**  
**Secretary of State**  
**CC2650924675**

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

**Current Principal Place of Business:**

C/O SILVERCRESTED MANAGEMENT LLC  
3436 MARINATOWN LANE 1ST FL UNIT 4  
NORTH FORT MYERS, FL 33903

**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        2142 SE 20TH PL  
City-State-Zip: CAPE CORAL FL 33990

Title           VD  
Name           ELLWOOD, DAVID  
Address        1109 CHESAPEAKE DR  
City-State-Zip: STEVENSVILLE MD 21666

Title           PD  
Name           LAUNDRA, JOHN  
Address        1950 BEACH PARKWAY #203  
City-State-Zip: CAPE CORAL FL 33904

*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**

**01/27/2014**

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

\_\_\_\_\_  
Date