

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002683

Entity Name: THE PRESERVE OF DON PEDRO OWNERS' ASSOCIATION, INC.**FILED**
Apr 17, 2016
Secretary of State
CC6374119886**Current Principal Place of Business:**1490 NE PINE ISLAND ROAD
#8-D
CAPE CORAL, FL 33909**Current Mailing Address:**P O BOX 1848
FORT MYERS, FL 33902 US**FEI Number: 65-0916674****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SILVERCRESTED MANAGEMENT
1490 NE PINE ISLAND ROAD
#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:** MICHELLE THOMPSON, LCAM**04/17/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name AULENTI, DICK
Address 1490 NE PINE ISLAND ROAD
 #8-D
City-State-Zip: CAPE CORAL FL 33909

Title SECRETARY
Name SEIBOLD, BILL
Address 1490 NE PINE ISLAND ROAD
 #8-D
City-State-Zip: CAPE CORAL FL 33909

Title VP
Name GEIGER, GEORGE
Address 1490 NE PINE ISLAND ROAD
 #8-D
City-State-Zip: CAPE CORAL FL 33909

Title TREASURER, DIRECTOR
Name RAYMOND, SYI
Address 1490 NE PINE ISLAND ROAD
 #8-D
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR
Name FEITO, MARISSA
Address 1490 NE PINE ISLAND ROAD
 #8-D
City-State-Zip: CAPE CORAL FL 33909

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: DICK AULENTI**PRESIDENT****04/17/2016**

Electronic Signature of Signing Officer/Director Detail

Date