

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90188 032 \*\*\*\*61.25

**DOCUMENT # 731418**

1. Entity Name  
**THE SANDARAC ASSOCIATION, INC.**



Principal Place of Business  
**ALLIANT PROPERTY MGMT., LLC**  
**6719 WINKLER ROAD, STE 200**  
**FORT MYERS, FL 33919**

Mailing Address  
**ALLIANT PROPERTY MGMT., LLC**  
**6719 WINKLER ROAD, STE 200**  
**FORT MYERS, FL 33919**

**60033693**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

**59-1807853**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ALLIANT PROPERTY MGMT., LLC**  
**6719 WINKLER ROAD**  
**SUITE 200**  
**FORT MYERS, FL 33919**

7. Name and Address of New Registered Agent

Name **Defali and Associates, Inc**  
Street Address (P.O. Box Number is Not Acceptable)  
**8840 Teelene Court Suite 101**  
City **Fort Myers** FL Zip Code **34135**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SWIGART, JAMES	
STREET ADDRESS	6666 ESTERO BLVD	
CITY-ST-ZIP	FT.MYERS BCH., FL 33931	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHILLING, FRANK	
STREET ADDRESS	19220 TANALA DR	
CITY-ST-ZIP	BROOKFIELD, WI 53005	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, MICHAEL	
STREET ADDRESS	815 HARTFORD DR	
CITY-ST-ZIP	SPRINGFIELD, OH 45503	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PETROFF, STEPHEN	
STREET ADDRESS	6666 ESTERO BLVD	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	
TITLE	D	<input type="checkbox"/> Delete
NAME	PLATTEN, WILLIAM	
STREET ADDRESS	6670 ESTERO BLVD	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONRAD, CATHY	
STREET ADDRESS	4935 YUMA CT	
CITY-ST-ZIP	PLYMOUTH, MN 55446	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	L. Jean Francis	
STREET ADDRESS	11984 Amherst Ct.	
CITY-ST-ZIP	Plymouth, MI 48170	secretary
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bud May's	
STREET ADDRESS	2166 Andover Place	
CITY-ST-ZIP	Hudson, OH 44236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Leber	
STREET ADDRESS	1700 W. Pioneer Road	
CITY-ST-ZIP	Oedaeburg, WI 53012	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #