

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749232

Entity Name: PUNTA GORDA ISLES, SECTION 22 HOMEOWNERS ASSOCIATION, INC.**FILED**
Mar 15, 2019
Secretary of State
4812446876CC**Current Principal Place of Business:**C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVENUE
FORT MYERS, FL 33907**Current Mailing Address:**C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVENUE
FORT MYERS, FL 33907 US**FEI Number: 59-2131293****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STROHM, JOHN
C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVENUE
FORT MYERS, FL 33907 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: JOHN STROHM****03/15/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name HOLCOMB, CRAIG
Address C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

Title VP
Name KELLY, TERRY
Address C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

Title TREASURER, SECRETARY
Name WELCH, JIM
Address C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

Title D
Name ACKERSON, JON
Address C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

Title D
Name FARNHAM, DOROTHY
Address C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

Title D
Name JORDAN, GREG
Address C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

Title D
Name CHESSER, DOUGLAS S.
Address C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

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: CRAIG HOLCOMB**PRESIDENT****03/15/2019**

