

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749232

Entity Name: PUNTA GORDA ISLES, SECTION 22 HOMEOWNERS ASSOCIATION, INC.**FILED**
Feb 01, 2013
Secretary of State
CC6452175773**Current Principal Place of Business:**6719 WINKLER RD.
STE. 200
FORT MYERS, FL 33919**Current Mailing Address:**6719 WINKLER RD.
STE. 200
FORT MYERS, FL 33919**FEI Number: 59-2131293****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER RD.
STE. 200
FORT MYERS, FL 33919 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 | PD |
| Name | BERREE, KATHY |
| Address | 6719 WINKLER RD. STE. 200 |
| City-State-Zip: | FORT MYERS FL 33919 |

| | |
|-----------------|------------------------------|
| Title | VP |
| Name | HAMMOND, JOHN |
| Address | 6719 WINKLER RD. STE. 200 |
| City-State-Zip: | FORT MYERS FL 33919 |

| | |
|-----------------|------------------------------|
| Title | TSD |
| Name | WELCH, JAMES |
| Address | 6719 WINKLER RD. STE. 200 |
| City-State-Zip: | FORT MYERS FL 33919 |

| | |
|-----------------|------------------------------|
| Title | D |
| Name | ROSENBLUM, JIM |
| Address | 6719 WINKLER RD. STE. 200 |
| City-State-Zip: | FORT MYERS FL 33919 |

| | |
|-----------------|------------------------------|
| Title | D |
| Name | LOVE, RAYMOND |
| Address | 6719 WINKLER RD. STE. 200 |
| City-State-Zip: | FORT MYERS FL 33919 |

| | |
|-----------------|------------------------------|
| Title | D |
| Name | HOLCOMB, CRAIG |
| Address | 6719 WINKLER RD. STE. 200 |
| City-State-Zip: | FORT MYERS FL 33919 |

| | |
|-----------------|------------------------------|
| Title | D |
| Name | WOOD, JANET |
| Address | 6719 WINKLER RD. STE. 200 |
| City-State-Zip: | FORT MYERS FL 33919 |

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: KATHY BERREE**PRESIDENT****02/01/2013**

Electronic Signature of Signing Officer/Director Detail

Date