

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749974

FILED
Apr 13, 2015
Secretary of State
CC9793043771

Entity Name: TRAWLER VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD SUITE 200
FORT MYERS, FL 33966

Current Mailing Address:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD SUITE 200
FORT MYERS, FL 33966 US

FEI Number: 59-1880460

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC
C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD SUITE 200
FORT MYERS, FL 33966 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: MILLIE STROHM

04/13/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name HOWARD, RICHARD
Address C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD SUITE 200
City-State-Zip: FORT MYERS FL 33966

Title VP
Name CARLSON, ROBERT
Address C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD SUITE 200
City-State-Zip: FORT MYERS FL 33966

Title S
Name MALVEN, PAUL
Address C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD SUITE 200
City-State-Zip: FORT MYERS FL 33966

Title D
Name PALUMBO, AL
Address C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD SUITE 200
City-State-Zip: FORT MYERS FL 33966

Title P
Name KUPFERBERG, ROBERT
Address C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD SUITE 200
City-State-Zip: FORT MYERS FL 33966

Title T
Name PARSONS, JAMES
Address C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD SUITE 200
City-State-Zip: FORT MYERS FL 33966

Title D
Name DENNISON, TIMOTHY
Address C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD SUITE 200
City-State-Zip: FORT MYERS FL 33966

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: ROBERT KUPFERBERG

PRESIDENT

04/13/2015

