

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749974

Entity Name: TRAWLER VILLAGE CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 11, 2024
Secretary of State
5774661360CC

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: 59-1880460

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

04/11/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BOX, CHERYL
Address C/O ALLIANT PROPERTY
 MANAGEMENT, LLC
 13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

Title VICE PRESIDENT
Name SHEA, NEIL
Address C/O ALLIANT PROPERTY
 MANAGEMENT, LLC
 13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

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

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

Title DIRECTOR
Name MANESS, PERRY
Address C/O ALLIANT PROPERTY
 MANAGEMENT, LLC
 13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name CAMPER, RICK
Address C/O ALLIANT PROPERTY
 MANAGEMENT, LLC
 13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name BOUSHAY, JEAN
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: CHERYL BOX

PRESIDENT

04/11/2024

