2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756249

Entity Name: DOVE HOLLOW CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 10, 2017
Secretary of State
CC2194508845

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: 59-2152906 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC JOHN STROHM 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 01/10/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title SECRETARY

Name PETERSEN, WILLIAM Name COWHEY, DENNIS

Address C/O ALLIANT PROPERTY Address C/O ALLIANT PROPERTY MANAGEMENT, LLC MANAGEMENT, LLC

MANAGEMENT, LLC

13831 VECTOR AVENUE

MANAGEMENT, LLC

13831 VECTOR AVENUE

13831 VECTOR AVENUE

31 VEGTOR AVENUE

City-State-Zip: FORT MYERS FL 33907 City-State-Zip: FORT MYERS FL 33907

Title TREASURER Title DIRECTOR

Name BRODERICK, STEVE Name SMITH, DOUGLAS

Address C/O ALLIANT PROPERTY Address C/O ALLIANT PROPERTY

MANAGEMENT, LLC

13831 VECTOR AVENUE

MANAGEMENT, LLC

13831 VECTOR AVENUE

13831 VECTOR AVENUE

13031 VEGTOR AVENUE

City-State-Zip: FORT MYERS FL 33907 City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR Title DIRECTOR

Name WILSON, STANLEY Name KAMOSA, JOHN

Address C/O ALLIANT PROPERTY Address C/O ALLIANT PROPERTY

MANAGEMENT, LLC MANAGEMENT, LLC

13831 VECTOR AVENUE 13831 VECTOR AVENUE

City-State-Zip: FORT MYERS FL 33907 City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name KUMM, JACKIE

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: DENNIS COWHEY SECRETARY 01/10/2017