

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001849

FILED
Jan 19, 2015
Secretary of State
CC3665615375

Entity Name: ODYSSEY AT OLYMPIA POINTE ASSOCIATION, INC.

Current Principal Place of Business:

ALLIANT PROPERTY MANAGEMENT
6719 WINKLER ROAD 200
FORT MYERS, FL 33919

Current Mailing Address:

ALLIANT PROPERTY MANAGEMENT
6719 WINKLER ROAD 200
FORT MYERS, FL 33919 US

FEI Number: 20-4417763

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC
ALLIANT PROPERTY MANAGEMENT
6719 WINKLER ROAD 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: MILLIE STROHM

01/19/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name PRICE, SHELLY
Address ALLIANT PROPERTY MANAGEMENT
 6719 WINKLER ROAD 200
City-State-Zip: FORT MYERS FL 33919

Title VP
Name CAHILL, JANET
Address ALLIANT PROPERTY MANAGEMENT
 6719 WINKLER ROAD 200
City-State-Zip: FORT MYERS FL 33919

Title TREASURER
Name WARNER, LEE
Address ALLIANT PROPERTY MANAGEMENT
 6719 WINKLER ROAD 200
City-State-Zip: FORT MYERS FL 33919

Title SECRETARY
Name FORGET, DIANE
Address ALLIANT PROPERTY MANAGEMENT
 6719 WINKLER ROAD 200
City-State-Zip: FORT MYERS FL 33919

Title DIRECTOR
Name POIRIER, LINDA
Address ALLIANT PROPERTY MANAGEMENT
 6719 WINKLER ROAD 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: SHELLY PRICE

PRESIDENT

01/19/2015

Electronic Signature of Signing Officer/Director Detail

Date