

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001849

FILED
Feb 18, 2016
Secretary of State
CC6481813496

Entity Name: ODYSSEY AT OLYMPIA POINTE ASSOCIATION, INC.

Current Principal Place of Business:

ALLIANT PROPERTY MANAGEMENT
13831 VECTOR AVENUE
FORT MYERS, FL 33907

Current Mailing Address:

C/O ALLIANT PROPERTY MANAGEMENT
13831 VECTOR AVENUE
FORT MYERS, FL 33907 US

FEI Number: 20-4417763

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC
C/O ALLIANT PROPERTY MANAGEMENT
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: MILLIE K. STROHM

02/18/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title VP
Name PRICE, SHELLY
Address C/O ALLIANT PROPERTY
 MANAGEMENT
 13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

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

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

Title DIRECTOR
Name YOCUM, JANE
Address C/O ALLIANT PROPERTY
 MANAGEMENT
 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: RAY DOUCETTE

SECRETARY

02/18/2016

Electronic Signature of Signing Officer/Director Detail

Date