

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000008558

**Entity Name:** RIVER CLUB OF PORT CHARLOTTE HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 02, 2024**  
**Secretary of State**  
**3027700987CC**

**Current Principal Place of Business:**

C/O ALLIANT PROPERTY MANAGEMENT, LLC  
13831 VECTOR AVE  
FT. MYERS, FL 33907

**Current Mailing Address:**

C/O ALLIANT PROPERTY MANAGEMENT, LLC  
13831 VECTOR AVE  
FT. MYERS, FL 33907 US

**FEI Number: 72-1615652**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STROHM, JOHN  
C/O ALLIANT PROPERTY MANAGEMENT, LLC  
13831 VECTOR AVE  
FT. 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**

**04/02/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SIEGFRIED, DUANE  
Address        C/O ALLIANT PROPERTY  
                  MANAGEMENT, LLC  
                  13831 VECTOR AVE  
City-State-Zip: FT. MYERS FL 33907

Title            VICE PRESIDENT / TREASURER  
Name            HURT, STEVEN M  
Address        C/O ALLIANT PROPERTY  
                  MANAGEMENT, LLC  
                  13831 VECTOR AVE  
City-State-Zip: FT. MYERS FL 33907

Title            SECRETARY  
Name            CLABOUGH, BOB  
Address        C/O ALLIANT PROPERTY  
                  MANAGEMENT, LLC  
                  13831 VECTOR AVE  
City-State-Zip: FT. MYERS FL 33907

Title            ASST. TREASURER  
Name            ALDEN, MARGE  
Address        C/O ALLIANT PROPERTY  
                  MANAGEMENT, LLC  
                  13831 VECTOR AVE  
City-State-Zip: FT. MYERS FL 33907

Title            DIRECTOR  
Name            BUFFANO, STEVEN  
Address        C/O ALLIANT PROPERTY  
                  MANAGEMENT, LLC  
                  13831 VECTOR AVE  
City-State-Zip: FT. 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: DUANE SIEGFRIED**

**PRESIDENT**

**04/02/2024**

Electronic Signature of Signing Officer/Director Detail

Date