

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003553

Entity Name: SABAL POINTE AT MAJESTIC PALMS SECTION I
CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER RD. STE. 200
FORT MYERS, FL 33919

Current Mailing Address:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER RD. STE. 200
FORT MYERS, FL 33919

FEI Number: 56-2366073

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER RD. STE. 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name MACCURTAIN, KEVIN
Address C/O ALLIANT PROPERTY
MANAGEMENT, LLC
6719 WINKLER RD. STE. 200
City-State-Zip: FORT MYERS FL 33919

Title VP
Name PETERS, GERALD
Address C/O ALLIANT PROPERTY
MANAGEMENT, LLC
6719 WINKLER RD. STE. 200
City-State-Zip: FORT MYERS FL 33919

Title SECRETARY, TREASURER
Name WELLS, DAVID
Address C/O ALLIANT PROPERTY
MANAGEMENT, LLC
6719 WINKLER RD. STE. 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: KEVIN MACCURTAIN

PRESIDENT

04/10/2015

Electronic Signature of Signing Officer/Director Detail

Date