

**2014 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	Title	VP
Name	MACCARTAIN, KEVIN	Name	PETERS, GERALD
Address	C/O ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER RD. STE. 200	Address	C/O ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER RD. STE. 200
City-State-Zip:	FORT MYERS FL 33919	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 MACCARTAIN**

**PRESIDENT**

**04/16/2014**

Electronic Signature of Signing Officer/Director Detail

Date