

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000003756

Entity Name: THE PRESERVE AT CORKSCREW MASTER ASSOCIATION, INC.**FILED**
Mar 05, 2018
Secretary of State
CC2917801977**Current Principal Place of Business:**ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVENUE
FORT MYERS, FL 33907**Current Mailing Address:**C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVENUE
FORT MYERS, FL 33907 US**FEI Number: 45-5021555****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STROHM, JOHN
C/O ALLIANT PROPERTY MANAGEMENT, LLC
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: JOHN STROHM****03/05/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name TOLLIVER, KEVIN
Address C/O ALLIANT PROPERTY
MANAGEMENT, LLC
13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907**Title** VP, SECRETARY
Name COLCHAMIRO, SUSAN
Address C/O ALLIANT PROPERTY
MANAGEMENT, LLC
13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907**Title** TREASURER
Name BENJAMIN, GERARD
Address C/O ALLIANT PROPERTY
MANAGEMENT, LLC
13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907**Title** DIRECTOR
Name NUSBAUM, MARC
Address C/O ALLIANT PROPERTY
MANAGEMENT, LLC
13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907**Title** DIRECTOR
Name EVERETT, RICHARD
Address C/O ALLIANT PROPERTY
MANAGEMENT, LLC
13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907**Title** DIRECTOR
Name REUBEN, JESSE
Address C/O ALLIANT PROPERTY
MANAGEMENT, LLC
13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907**Title** DIRECTOR
Name SHINABARKER, COLIN
Address C/O ALLIANT PROPERTY
MANAGEMENT, LLC
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: SUSAN COLCHAMIRO**SECRETARY****03/05/2018**

