

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36748

FILED
Apr 01, 2015
Secretary of State
CC1311919132

Entity Name: CYPRESS KEEP ENCLAVE 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 US

FEI Number: 59-3039701

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 P
Name HOWELL, JUDITH
Address C/O ALLIANT PROPERTY
MANAGEMENT, LLC
6719 WINKLER RD STE 200
City-State-Zip: FORT MYERS FL 33919

Title TD
Name CAREY, RUTH
Address C/O ALLIANT PROPERTY
MANAGEMENT, LLC
6719 WINKLER RD STE 200
City-State-Zip: FORT MYERS FL 33919

Title SD
Name ROMITA, GLORIA
Address C/O ALLIANT PROPERTY
MANAGEMENT, LLC
6719 WINKLER RD STE 200
City-State-Zip: FORT MYERS FL 33919

Title D
Name WALTON, KEVIN
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: JUDITH HOWELL

PRESIDENT

04/01/2015

Electronic Signature of Signing Officer/Director Detail

Date