

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001222

Entity Name: STONEYBROOK, A GOLF COURSE COMMUNITY OF ESTERO, INC.**FILED**
Apr 05, 2023
Secretary of State
7326916205CC**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:** 65-0839055**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

04/05/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	HANSON, ELIZABETH
Address	C/O ALLIANT PROPERTY MANAGEMENT, LLC 13831 VECTOR AVENUE
City-State-Zip:	FORT MYERS FL 33907

Title	VP
Name	BONGIORNO, RICHARD
Address	C/O ALLIANT PROPERTY MANAGEMENT, LLC 13831 VECTOR AVENUE
City-State-Zip:	FORT MYERS FL 33907

Title	SECRETARY
Name	OLDANI, DENIS
Address	C/O ALLIANT PROPERTY MANAGEMENT, LLC 13831 VECTOR AVENUE
City-State-Zip:	FORT MYERS FL 33907

Title	TREASURER
Name	DETERBECK, JOHN
Address	C/O ALLIANT PROPERTY MANAGEMENT, LLC 13831 VECTOR AVENUE
City-State-Zip:	FORT MYERS FL 33907

Title	DIRECTOR
Name	MADDEN, DANIEL TODD
Address	C/O ALLIANT PROPERTY MANAGEMENT, LLC 13831 VECTOR AVENUE
City-State-Zip:	FORT MYERS FL 33907

Title	DIRECTOR
Name	MAHMOUD, MELISSA
Address	C/O ALLIANT PROPERTY MANAGEMENT, LLC 13831 VECTOR AVENUE
City-State-Zip:	FORT MYERS FL 33907

Title	DIRECTOR
Name	REYNOLDS, BILL
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: ELIZABETH HANSON

PRESIDENT

04/05/2023

