

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731418

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE SANDARAC ASSOCIATION, INC.

Current Principal Place of Business:

ALLIANT PROPERTY MGMT., LLC
6719 WINKLER ROAD, STE 200
FORT MYERS, FL 33919

New Principal Place of Business:

6666 ESTERO BLVD
FORT MYERS BCH, FL 33931

Current Mailing Address:

ALLIANT PROPERTY MGMT., LLC
6719 WINKLER ROAD, STE 200
FORT MYERS, FL 33919

New Mailing Address:

DETAI & ASSOCIATES
4061 BONITA BEACH RD, SUITE 201
BONITA SPRINGS, FL 34134

FEI Number: 59-1807853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DETAI AND ASSOCIATES, INC.
8890 TERRANCE COURT SUITE 101
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

DETAI AND ASSOCIATES, INC.
4061 BONITA BEACH RD
SUITE 201
BONITA SPRINGS, FL 34134 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: DETAI AND ASSOCIATES

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SWIGART, JAMES
Address: 6666 ESTERO BLVD
City-St-Zip: FT.MYERS BCH., FL 33931

Title: V () Delete
Name: SCHILLING, FRANK
Address: 19220 TANALA DR
City-St-Zip: BROOKFIELD, WI 53005

Title: S () Delete
Name: FRANCIS, JEAN L
Address: 11989 AMBER ST. CT.
City-St-Zip: PLYMOUTH, MI 48170

Title: P () Delete
Name: MAYS, BUD
Address: 2166 ANDOVER PLACE
City-St-Zip: HUDSON, OH 44236

Title: D () Delete
Name: PLATTEN, WILLIAM
Address: 6670 ESTERO BLVD
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: D () Delete
Name: LETER, MARY
Address: 1700 W. PIONEER ROAD
City-St-Zip: CEDARBURG, WI 53012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BUD MAYS

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date