


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90219 008 \*\*\*\*61.25

<b>DOCUMENT # 745740</b> 1. Entity Name <b>TERRAMAR CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>7100 ESTERO BLVD FT MYERS BEACH, FL 33931 US</b>		Mailing Address <b>6700 WINKLER RD #2 FORT MYERS, FL 33919 US</b>	
2. Principal Place of Business - No P.O. Box #  <b>Alliant Property Management, LLC 6719 Winkler Road, Suite 200 Fort Myers, FL 33919</b>		Alliant Property Management, LLC 6719 Winkler Road, Suite 200 Fort Myers, FL 33919	
6. Name and Address of Current Registered Agent  <b>ALLIANT PROPERTY MANAGEMENT 6700 WINKLER RD #2 FORT MYERS, FL 33919</b>		7. Name and Address of New Registered Agent  <b>Alliant Property Management, LLC (table) 6719 Winkler Road, Suite 200 Fort Myers, FL 33919</b>  <div style="text-align: right;"> <b>FL</b>   Zip Code         </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u><i>Willie Strother</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		VP AGENT <u>4-17-07</u> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete <b>NICKEL, DETER 1205 EAST 7TH STREET MERRILL, WI 33912</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D Michael Wallace 222 Peter Ave. Staten Island, NY 10306</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>LOONEY, RAY 10525 WINE PALM ROAD FORT MYERS, FL 33912</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete <b>POPP, HAROLD 404 NORTH DR. WYANDOTTE, MI 48192</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete <b>RUSSO, TONY 105 NORTH YATES LANE MT. PROSPECT, IL 60056</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>VRANKIN, MARY ELLEN 7100 ESTERO BLVD., #302 FORT MYERS BEACH, FL 33931</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> <u><i>M. J. Jurek</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4.23.07</u> Daytime Phone # <u>239.494.1101x227</u>	

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04052007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2216634** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**