

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750875

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE TOWERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD SUITE 200
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD SUITE 200
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 59-2105947 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ALLIANT PROP. MGMT
6719 WINKLER ROAD SUITE 200
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ONDAK, TERRY
Address: 2366 EAST MALL DR #305
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: T () Delete
Name: NATELLA, AL
Address: 13410 HAMPTON PARK CT
City-St-Zip: FORT MYERS, FL 33913

Title: SD () Delete
Name: SMITH, KAREN
Address: 3152 ANTICA ST
City-St-Zip: FORT MYERS, FL 33905

Title: D () Delete
Name: SPAIN, JOHN
Address: 175 BERLLIN AVE #49
City-St-Zip: SOUTHLINGTON, CT 06489

Title: D () Delete
Name: MEYER, PATRICIA
Address: 1411 NE 15TH ST
City-St-Zip: CAPE CORAL, FL 33909

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:

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: TERRY ONDAK

P

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date