## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000009967

City-St-Zip:

FORT MYERS, FL 33908

FILED Apr 02, 2009 Secretary of State

Entity Name: BEVERLY HILLS AT LAGUNA LAKES ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:		
C/O ALLIANT PROPERTY MGMT. 6719 WINKLER RD., STE 200 FORT MYERS, FL 33919				C/O ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD, SUITE 200 FORT MYERS, FL 33919		
Current Mailing Address:				New Mailing Address:		
C/O ALLIANT PROPERTY MGMT. 6719 WINKLER RD., STE 200 FORT MYERS, FL 33919				C/O ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD, SUITE 200 FORT MYERS, FL 33919		
FEI Number:	: 20-0415253	FEI Number Applied For ( )	FEI Nur	nber Not App	licable ( )	Certificate of Status Desired ( )
Name and	l Address of C	urrent Registered Agent:		Name and	Address of	New Registered Agent:
ALLIANT PROPERTY MANAGEMENT 6719 WINKLER ROAD STE 200 FORT MYERS, FL 33919 US				ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD STE 200 FORT MYERS, FL 33919 US		
	e named entity s e of Florida.	ubmits this statement for the p	ourpose o	f changing i	ts registered	office or registered agent, or both,
SIGNATURE: JOHN M. STROHM, AGENT				04/02/2009		
	Electron	ic Signature of Registered Age	ent			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P () WESSLER, MAI 8850 PASEO DI FORT MYERS, I	E VALENCIA ST		Title: Name: Address: City-St-Zip:	WESSLER, N	DE VALENCIA STREET
Title: Name: Address: City-St-Zip:	BUCHANAN, RC	E VALENCIA STREET		Title: Name: Address: City-St-Zip:	(	()Change ()Addition
Title: Name: Address: City-St-Zip:	YOUNG, ELLEN	E VALENCIA STREET		Title: Name: Address: City-St-Zip:	(	()Change ()Addition
Title: Name: Address: City-St-Zip:	POPPINGA, THE	VALECIA STREET		Title: Name: Address: City-St-Zip:	(	()Change ()Addition
Title: Name: Address:	GOSDECK, BOI	Delete 3 E VALENCIA STREET		Title: Name: Address:	(	( ) Change ( ) Addition

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.

City-St-Zip:

SIGNATURE: MARK WESSLER PD 04/02/2009