

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000010771

1. Entity Name
COCONUT SHORES WEST CONDOMINIUM
ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC -1 AM 11:21

Principal Place of Business
P&M PROPERTY MANAGEMENT
14360 SO. TAMAMI TRAIL UNIT B
FORT MYERS, FL 33912

Mailing Address
P&M PROPERTY MANAGEMENT
14360 SO. TAMAMI TRAIL UNIT B
FORT MYERS, FL 33912

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Alliant Property Management, LLC
6719 Winkler Rd. Suite 200
Fort Myers, FL 33919

Alliant Property Management, LLC
6719 Winkler Rd. Suite 200
Fort Myers, FL 33919

10272008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-0685752

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAPP, PAUL
P&M PROPERTY MANAGEMENT
14360 SO. TAMAMI TRAIL UNIT B
FORT MYERS, FL 33912

Narr

Stre Alliant Property Management, LLC
6719 Winkler Rd. Suite 200
Fort Myers, FL 33919

City

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

John M. Strohm, agent

11-18-2008

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME PELLETIER, MICHAEL T
STREET ADDRESS 3400 MORNING LAKE DR, UNIT 202
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME BREIER, CARL
STREET ADDRESS 3411 MORNING LAKE #201
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME FORTUNA, GRACE M
STREET ADDRESS 3510 MORNINGLAKE DR #101
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME WILLIAMS, JAMES A
STREET ADDRESS 3400 MORNING LAKE DR #201
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME VINTON, JIM
STREET ADDRESS 3480 MORNING LAKE DR. #101
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James A. Williams Pres

11/12/08 239-948-2241