

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 11, 2010
Secretary of State**

DOCUMENT# N04000008197

Entity Name: ISLAND COVE OF CAPE CORAL COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**3511 BONITA BAY BLVD.
SUITE 1
BONITA SPRINGS, FL 34134**New Principal Place of Business:**C/O ALLIANT PROPERTY MANAGEMENT LLC
6719 WINKLER RD. STE. 200
FT. MYERS, FL 33919**Current Mailing Address:**3511 BONITA BAY BLVD.
SUITE 1
BONITA SPRINGS, FL 34134**New Mailing Address:**C/O ALLIANT PROPERTY MANAGEMENT LLC
6719 WINKLER RD. STE. 200
FT. MYERS, FL 33919**FEI Number:** 03-0543840**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROETZEL & ANDRESS
850 PARK SHORE DRIVE
THIRD FLOOR
NAPLES, FL 34103 US**Name and Address of New Registered Agent:**ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER RD. STE. 200
FT. MYERS, FL 33919 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: JOHN M. STROHM

06/11/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BALSAMO, JAMES
Address: 1793 FOUR MILE COVE PKWY #745
City-St-Zip: CAPE CORAL, FL 33990

Title: VP
Name: GUGLIARA, SALVATORE
Address: 1799 FOUR MILE COVE PKWY #931
City-St-Zip: CAPE CORAL, FL 33990

Title: ST
Name: HATRZELL, KEITH
Address: 1797 FOUR MILE COVE PKWY #1034
City-St-Zip: CAPE CORAL, FL 33990

I hereby 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 all other like empowered.

SIGNATURE: KEITH HARTZELL

ST

06/11/2010

Electronic Signature of Signing Officer or Director

Date