

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 02, 2012
Secretary of State

DOCUMENT# N04000008197

Entity Name: ISLAND COVE OF CAPE CORAL COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**C/O ALLIANT PROPERTY MANAGEMENT LLC
6719 WINKLER RD. STE. 200
FT. MYERS, FL 33919**New Principal Place of Business:****Current Mailing Address:**C/O ALLIANT PROPERTY MANAGEMENT LLC
6719 WINKLER RD. STE. 200
FT. MYERS, FL 33919**New Mailing Address:****FEI Number:** 03-0543840**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER RD. STE. 200
FT. 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
Name: BALSAMO, JAMES
Address: 1793 FOUR MILE COVE PKWY #745
City-St-Zip: CAPE CORAL, FL 33990

Title: VP
Name: DOTH, RAY
Address: 1791 FOUR MILE COVE PKWY #643
City-St-Zip: CAPE CORAL, FL 33990

Title: TSD
Name: THIELE, GERALD
Address: 1793 FOUR MILE COVE PKWY #741
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: GERALD THIELE

TSD

05/02/2012

Electronic Signature of Signing Officer or Director

Date