

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008217

FILED  
Mar 16, 2012  
Secretary of State

**Entity Name:** SHOREHAVEN ESTATES LOCK MAINTENANCE 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:** 38-3706757

**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: THIELE, GERALD  
Address: 1793 FOUR MILE COVE PKWY #741  
City-St-Zip: CAPE CORAL, FL 33990

Title: TSD  
Name: MARSTON, LINDA  
Address: 1791 FOUR MILE COVE PKWY #635  
City-St-Zip: CAPE CORAL, FL 33919

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: LINDA MARSTON

TSD

03/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date