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( 7 officers/directors )  
FILED



06 JUN 12 AM 10: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2006 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

DOCUMENT # N04000011141					
<b>1. Entity Name</b> AVIANO AT PELICAN PRESERVE CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O ALLIANT PROPERTY MGMT, LLC 6700 WINKLER RD STE 2 FORT MYERS, FL 33919			<b>Mailing Address</b> C/O ALLIANT PROPERTY MGMT, LLC 6700 WINKLER RD STE 2 FORT MYERS, FL 33919		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 42-1654552	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ALLIANT PROPERTY MGMT, LLC 6700 WINKLER RD STE 2 FORT MYERS, FL 33919			Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center; font-weight: bold; font-size: 1.2em;">500076398545</div> City 06/20/06--01072-FL Zip 3391.25		
<b>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.</b>					
SIGNATURE <u>AGENT JOHN I. STROHM</u> <u>John Strohm</u> CAM 5-25-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE PD NAME GARDNER, JOHN STREET ADDRESS 24301 WALDEN CENTER DR CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete		TITLE PD NAME ROBERT W. SHAW STREET ADDRESS 9382 AVIANO DR #202 CITY-ST-ZIP FORT MYERS FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DV NAME BENEDICT, IAN STREET ADDRESS 24301 WALDEN CENTER DR CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete		TITLE TD NAME EDWARD HAILE STREET ADDRESS 9356 AVIANO DR #201 CITY-ST-ZIP FORT MYERS FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME KEITH, SYLVIA STREET ADDRESS 2020 CLUBHOUSE DR CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete		TITLE D NAME MICHAEL MURPHY STREET ADDRESS 10560 MAIN ST. PH 15 CITY-ST-ZIP FAIRFAX, VA 22030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <span style="font-size: 1.5em; font-family: cursive;">DEW 15</span> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE SEC NAME BARBARA H. CRAIG STREET ADDRESS 9370 AVIANO DR #202 CITY-ST-ZIP FORT MYERS, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME JAMES N. PRICE STREET ADDRESS 9390 AVIANO DR #201 CITY-ST-ZIP FORT MYERS FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME DR. LINDA BOHN STREET ADDRESS 1426 OSCEOLA AVE CITY-ST-ZIP ST. PAUL MN 55105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
SIGNATURE: <u>JOHN J. STROHM</u> <u>John Strohm</u> AGENT 5-25-06 239 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
					
05312006 Chg-NP CR2E037 (4/06)					
4. FEI Number <b>42-1654552</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ALLIANT PROPERTY MGMT, LLC</b> <b>6700 WINKLER RD STE 2</b> <b>FORT MYERS, FL 33919</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u><i>John Stark CAM</i></u> <b>AGENT</b> <span style="float: right;"><u>5-25-06</u></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GARDNER, JOHN</b> <b>24301 WALDEN CENTER DR</b> <b>BONITA SPRINGS, FL 34134</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MARGOT MAITLAND</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>9374 AVIANO DR # 202</b> <b>FORT MYERS FL 33913</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>BENEDICT, IAN</b> <b>24301 WALDEN CENTER DR</b> <b>BONITA SPRINGS, FL 34134</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>KEITH, SYLVIA</b> <b>2020 CLUBHOUSE DR</b> <b>SUN CITY CENTER, FL 33573</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: <u><i>John Stark CAM</i></u> <b>AGENT</b> <span style="float: right;"><u>5-25-06</u></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					