2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

PAGE 1 of 2 (7 officers/directors) DOCUMENT # N04000011141 06 JUN 12 AM 10: 59 AVIANO AT PELICAN PRESERVE CONDOMINIUM ASSOCIATION, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business C/O ALLIANT PROPERTY MGMT , とくC C/O ALLIANT PROPERTY MGMT , とと C 6700 WINKLER RD STE 2 6700 WINKLER RD STE 2 FORT MYERS, FL 33919 FORT MYERS, FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 05252006 Cha-NP CR2E037 (4/06) City & State Applied For City & State 4. FEI Number 42-1654552 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALLIANT PROPERTY MGMT, LLC Street Address (P.O. Box Number is Not Acceptable) 6700 WINKLER RD STE 2 FORT MYERS, FL 33919 500076398545 06/20/06--01072-**FM**720**8861.2**5 8. The above named entity submits this statement for the purpose of changing its registered office oppegistered agent, or both, in the State of Florida. I am familiar with, and accept AGENT JOHN I. Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS PD PRES - D TITLE Delete BOBERT W. SHAW GARDNER, JOHN 9382 AVIANO DR #202 NAME NAME 24301 WALDEN CENTER DR STREET ADDRESS FORT MYERS FL 339/3 CITY-ST-ZIP BONITA SPRINGS, FL 34134 CITY-ST-ZIP TITLE TD EDWARD HAILE TITLE Delete NAME BENEDICT, IAN 9356 AVIANO DR #201 STREET ADDRESS 24301 WALDEN CENTER DR STREET ADDRESS FORT MYERS FL CITY-ST-ZIP BONITA SPRINGS, FL 34134 CITY-ST-ZIP ☐ Change ☐ Addition STD TITLE TITLE Delete MICHAEL MURPHY 10560 MAIN ST. KEITH SYLVIA NAME NAME STREET ADDRESS 2020 CLUBHOUSE DR STREET ADDRESS BARBARA H. CRAIC 9370 AVIANO DE 202 CITY-ST-ZIP SUN CITY CENTER, FL 33573 CITY-ST-ZIP TITLE SEC Addition TITEE □ Delete NAME STREET ADDRESS FORT MYERS, FL 33913 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JAMES N. PRICE ☐ Change Addition ☐ Detete TITLE D TITLE 9390 AVIANODR 201 NAME STREET ADDRESS STREET ADDRESS FORT MYERS FL 33913 CITY-ST-ZIP CITY-ST-ZIP DR. LINDA BOHN Change ANAddition ☐ Delete THIE TITLE NAME NAME STREET ADDRESS STREET ADDRESS ST. PAUL MN CITY-ST-ZIP 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.

of SIGNING OFFICER OR DIRECTOR

AGENT 5-25-06 454-110,

Page 2 of 2

. 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

•	AMENDED AN	NUAL REPO	RT	•		
	MENT # N04000011	141				
Entity Name AVIANO AT PELICAN PRESERVE CONDOMINIUM ASSOCIATION, INC.						
Principal Place of Business C/O ALLIANT PROPERTY MGMT, LLC 6700 WINKLER RD STE 2 FORT MYERS, FL 33919		Mailing Address C/O ALLIANT PROPERTY 6700 WINKLER RD STE 2 FORT MYERS, FL 33919	2 '	 	EN COM ENTE NEO 1800 1800 1800 1800 1800 1800 1800 180	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05312006 Chg-NP	CR2E037 (4/06)	
City & State		City & State		4. FEI Number 42-1654552	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Des	ired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of	New Registered Agent	
ALLIANT PROPERTY MGMT, LLC 6700 WINKLER RD STE 2		-	Name Street Address	(P.O. Box Number is Not Acce	ptable)	
FORT MYERS, FL 33919						
			City		FL 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 CAM AGENT 5-25-06						
	Signature, typed or primed pathe of registered agent a		Registered Agent signature require	d when reinstating)	DATE	
Amended AR is \$61.25 9. Election Campaign Fin Trust Fund Contribution				\$5.00 May Be Added to Fees	Make check payable to Florida Department of State	
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 10	
THILE	PD GARDNER, JOHN	☐ Defete	TITLE MA	RGOT MAIT	∠AND □ Change → Addition	
NAME STREET ADDRESS CITY-ST-ZIP	24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134		NAME STREET ADORESS 93 CITY-ST-ZIP =	374 AVIANO DRT MYERS	LAND Change Addition OR # 202 FL 339/3	
TITLE	DV	☐ Delete	TITLE	, to project	Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP	BENEDICT, IAN 24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134		NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME	STD KEITH, SYLVIA	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
CITY-ST-ZIP	2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573		STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADORESS CITY-ST-ZIP			
STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			NAME STREET ADDRESS : CITY-ST-ZIP TITLE NAME STREET ADDRESS			
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. hereby indicated of the cor	on this report or supplemental report is poration or the receiver or trustee empoor or on an attachment with an address, w	Delete Delete this filing does not qualify for true and accurate and that my wered to execute this report a	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemptions contained a signature shall have the signature by Chapter 61 AGENT	came lenal effect as it made i	Change Addition Change Addition Change Addition	