

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90009 007 ****61.25

DOCUMENT # N04000011141

1. 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 MGMT, LLC
6700 WINKLER RD STE 2
FORT MYERS, FL 33919**



2. Principal Place of Business - No P.O. Box #
6719 Winkler Road
Suite, Apt. #, etc.
Suite 200

3. Mailing Address
6719 Winkler Road
Suite, Apt. #, etc.
Suite 200

02222007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
42-1654552

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALLIANT PROPERTY MGMT, LLC
6700 WINKLER RD STE 2
FORT MYERS, FL 33919**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6719 Winkler Road Suite 200

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME SHAW, ROBERT W
STREET ADDRESS 9382 AVIANO DR #202
CITY-ST-ZIP FORT MYERS, FL 33913

TITLE TD ☒ Delete
NAME HAILE, EDWARD
STREET ADDRESS 9356 AVIANO DR #201
CITY-ST-ZIP FORT MYERS, FL 33913

TITLE DS ☒ Delete
NAME MURPHY, MICHAEL
STREET ADDRESS 10560 MAIN ST PH 15
CITY-ST-ZIP FAIRFAX, VA 22030

TITLE S ☒ Delete
NAME CRAIG, BARBARA H
STREET ADDRESS 9370 AVIANO DR #202
CITY-ST-ZIP FORT MYERS, FL 33913

TITLE D ☐ Delete
NAME PRICE, JAMES N
STREET ADDRESS 9390 AVIANO DR #201
CITY-ST-ZIP FORT MYERS, FL 33913

TITLE D ☒ Delete
NAME BOHN, LINDA DR
STREET ADDRESS 1426 OSCEOLA AVE
CITY-ST-ZIP ST PAUL, MN 55105

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Donald C. Alger
STREET ADDRESS 9374 Aviano Drive #102
CITY-ST-ZIP Fort Myers, FL 33913

TITLE TD ☐ Change ☒ Addition
NAME Philip Mezey
STREET ADDRESS 9220 Aviano Dr. #202
CITY-ST-ZIP Fort Myers, FL 33913

TITLE D ☐ Change ☒ Addition
NAME D Irwin Burton
STREET ADDRESS 9326 Aviano Dr. #101
CITY-ST-ZIP Fort Myers, FL 33913

TITLE S ☐ Change ☒ Addition
NAME S Arthur Colon
STREET ADDRESS 9368 Aviano Dr. #201
CITY-ST-ZIP Fort Myers, FL 33913

TITLE VP ☐ Change ☒ Addition
NAME Robert Shaw
STREET ADDRESS 9382 Aviano Dr. #202
CITY-ST-ZIP Fort Myers, FL 33913

TITLE D ☐ Change ☒ Addition
NAME Debra Rupert
STREET ADDRESS 9276 Aviano Dr. #101
CITY-ST-ZIP Fort Myers, FL 33913

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #