2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003170

FILED Mar 25, 2009 Secretary of State

Entity Name: OAKHURST AT COLONIAL RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

ALLIANT PROPERTY MANAGEMENT, LLC

ALLIANT PROPERTY MANAGEMENT, LLC

C/O INTEGRATED PROPERTY MGMT 3435 - 10TH STREET N. #201

6719 WINKLER ROAD, SUITE 200

FORT MYERS, FL 33919

Current Mailing Address:

NAPLES, FL 34103

New Mailing Address:

C/O INTEGRATED PROPERTY MGMT 3435 - 10TH STREET N. #201

6719 WINKLER ROAD, SUITE 200

FORT MYERS, FL 33919

NAPLES, FL 34103 FEI Number: 20-2612076

FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SHIELDS, CHRISTOPHER J 1833 HENDRY STREET PO DRAWER 1507

ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD

SUITE 200

FORT MYERS, FL 33902 US

FORT MYERS, FL 33919 US

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.

City-St-Zip:

SIGNATURE: JOHN M. STROHM, AGENT

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete GAECKE, ROBERT Name: Address:

10016 OAKHURST WAY FORT MYERS, FL 33913

GAECKE, ROBERT Name: Address: 10016 OAKHURST WAY City-St-Zip: FORT MYERS, FL 33913

Title: DST () Delete GAECKE, JANET Name: Address: 10016 OAKHURST WAY Title: TSD (X) Change () Addition

City-St-Zip: FORT MYERS, FL 33913 Name: FINNEGAN, PATRICIA Address: 10036 OAKHURST WAY City-St-Zip: FORT MYERS, FL 33913

Title: DV () Delete HORAN, WILLIAM Name: 10022 OAKHURST WAY Address: City-St-Zip: FORT MYERS, FL 33913 Title: (X) Change () Addition

Name: HORAN, WILLIAM 10022 OAKHURST WAY Address: City-St-Zip: FORT MYERS, FL 33913

PD

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT GOECKE

Electronic Signature of Signing Officer or Director

03/25/2009 Date