## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000005772

TI FILED
Sep 04, 2009
Secretary of State

Entity Name: ESPLANADE AT BURNT STORE MARINA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

24417 BALTIC AVENUE UNIT 202 C/O ALLIANT PROPERTY MANAGEMENT, LLC

PUNTA GORDA, FL 33955 6719 WINKLER RD. STE. 200 FT. MYERS, FL 33919

Current Mailing Address: New Mailing Address:

C/O BENSONS, INC C/O ALLIANT PROPERTY MANAGEMENT, LLC

12650 WHITEHALL DR 6719 WINKLER RD. STE. 200 FORT MYERS, FL 33907 FT. MYERS, FL 33919

FEI Number: 20-2955249 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:

VANDALL, BONITA D

12650 WHITEHALL DR

FORT MYERS, FL 33907 US

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER RD. STE. 200
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.

SIGNATURE: JOHN M. STROHM, AGENT 09/04/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SANKERS, GUS
 Name:

 Address:
 24417 BALTIC AVENUE UNIT 202
 Address:

 City-St-Zip:
 PUNTA GORDA, FL 33955
 City-St-Zip:

Title: PD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MCGINNIS, WILLIAM
 Name:

 Address:
 24319 BALTIC AVENUE UNIT 101
 Address:

 City-St-Zip:
 PUNTA GORDA, FL 33955
 City-St-Zip:

Title: STD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 NUCKOLS, ROBERT
 Name:

 Address:
 24351 BALTIC AVE UNIT #201
 Address:

 City-St-Zip:
 PUNTA GORDA, FL 33955
 City-St-Zip:

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 NUCKOLS STD 09/04/2009