

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004206

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** SABAL POINTE AT MAJESTIC PALMS SECTION II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ALLIANT PROPERTY MANAGEMENT, LLC  
6719 WINKLER RD. STE. 200  
FT. MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ALLIANT PROPERTY MANAGEMENT, LLC  
6719 WINKLER RD. STE. 200  
FT. MYERS, FL 33919

**New Mailing Address:**

**FEI Number:** 20-4623164

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLIANT PROPERTY MANAGEMENT, LLC  
6719 WINKLER RD. STE. 200  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GORDON, MARC  
Address: 11620 MARINO CT. #206  
City-St-Zip: FORT MYERS, FL 33908

Title: VP  
Name: WHITE, PAM  
Address: 11621 MARINO CT #906  
City-St-Zip: FORT MYERS, FL 33908

Title: TS  
Name: DRAKE, DONNA  
Address: 11621 MARINO CT. #905  
City-St-Zip: FORT MYERS, FL 33908

I hereby 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 all other like empowered.

SIGNATURE: DONNA DRAKE

TS

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date