## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N24720

FILED Mar 25, 2009 Secretary of State

Entity Name: GATEWAY GREENS COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** ALLIANT PROPERTY MANAGEMENT, LLC ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER RD., STE 200 FORT MYERS, FL 33919 L 6719 WINKLER RD STE 200 FORT MYERS, FL 33919 **Current Mailing Address: New Mailing Address:** ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER RD STE 200 FORT MYERS, FL 33919 FEI Number: 65-0040944 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: ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD SUITE 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete MAXWELL, KAREN WHITWORTH, DENNY Name: Name: 12037 BRASSIE CIRCLE #201 Address: 11269 CALLAWAY GREENS DRIVE Address: City-St-Zip: FORT MYERS, FL 33913 US City-St-Zip: FORT MYERS, FL 33913 US Title: () Delete Title: (X) Change ( ) Addition WILLIAMS, BURNIE Name: MOOK, BRIAN Name: Address: 11100 CHAMPIONSHIP CIR Address: 12550 WALDEN RUN DRIVE City-St-Zip: FORT MYERS, FL 33913 City-St-Zip: FORT MYERS, FL 33913 Title: () Delete Title: ( ) Change (X) Addition MOERNER, DICK Name: Name: 11516 MAHOGANY RUN Address: Address: City-St-Zip: City-St-Zip: FORT MYERS, FL 33913 Title: () Delete Title: SD ( ) Change (X) Addition LINSCOTT, DELORES Name: Name: 12560 WALDEN RUN DRIVE Address: Address: City-St-Zip: City-St-Zip: FORT MYERS, FL 33913 Title: () Delete Title: ( ) Change (X) Addition WILLIAMS, BURNIE Name: Name: 11100 CHAMPIONSHIP CIRCLE Address: Address: City-St-Zip: City-St-Zip: FORT MYERS, FL 33913

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: DENNY WHITWORTH PD 03/25/2009