

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45801

**FILED**  
**Jan 14, 2010**  
**Secretary of State**

**Entity Name:** SUNSET COVE AT THE LANDINGS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ALLIANT PROPERTY MANAGEMENT, LLC  
6719 WINKLER ROAD, SUITE 200  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ALLIANT PROPERTY MANAGEMENT, LLC  
6719 WINKLER ROAD, SUITE 200  
FORT MYERS, FL 33919 US

**New Mailing Address:**

**FEI Number:** 65-0299149

**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 ROAD  
SUITE 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: VP  
Name: MILKOVICH, PATRICK  
Address: 9901 SUNSET COVE LANE #213  
City-St-Zip: FORT MYERS, FL 33919

Title: TD  
Name: GILKISON, MINNETTA  
Address: 9901 SUNSET COVE LANE #227  
City-St-Zip: FORT MYERS, FL 33919

Title: SD  
Name: SCHAEFFER, MILTON  
Address: 9900 SUNSET COVE LANE #117  
City-St-Zip: FORT MYERS, FL 33919

Title: PD  
Name: PERKINS, THOMAS  
Address: 9901 SUNSET COVE LANE #215  
City-St-Zip: FORT MYERS, FL 33919

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: MINNETTA GILKISON

TD

01/14/2010

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

\_\_\_\_\_  
Date