

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45801

FILED
Feb 15, 2011
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: PD
Name: GAYLORD, KATHLEEN
Address: 9900 SUNSET COVE LANE #137
City-St-Zip: FORT MYERS, FL 33919

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

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

Title: SD
Name: DUNSTER, HANK
Address: 9900 SUNSET COVE LANE #116
City-St-Zip: FORT MYERS, FL 33919

Title: D
Name: GILKISON, MINNETTA
Address: 9901 SUNSET COVE LANE #227
City-St-Zip: FT. 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: THOMAS PERKINS

TD

02/15/2011

Electronic Signature of Signing Officer or Director

Date