


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90476 026 ****61.25

DOCUMENT # N94000000168

1. Entity Name
PALM ISLE NEIGHBORHOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**6700 WINKLER RD
 SUITE 2
 FORT MYERS, FL 33919**

Mailing Address
**6700 WINKLER RD
 SUITE 2
 FORT MYERS, FL 33919**

60045551



2. Principal Place of Business

Suite, Apt. #, City & State
**Alliant Property Management, LLC
 6719 Winkler Road, Suite 200
 Fort Myers, FL 33919**

04232007 Chg-NP CR2E037 (12/06)

City & State
Fort Myers, FL 33919

4. FEI Number
65-0508306

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALLIANT PROPERTY MGMT
 6700 WINKLER RD
 SUITE 2
 FORT MYERS, FL 33919**

Name: **Alliant Property Management, LLC**
 Street: **6719 Winkler Road, Suite 200**
 City: **Fort Myers, FL 33919**
 Zip Code: _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Millie Strohm* **Millie STROHM**
 Agent
 DATE: **4-23-07**

(NOTE: Registered Agent Signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARKER, DANI 15146 PALM ISLE DR. FORT MYERS, FL 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VP NORRIS, MARY LYNN 15140 PALM ISLE DR. FORT MYERS, FL 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P Mary Lynn Norris
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete T WOOLEVER, RON 4226 FAIRVIEW DR CASTILE, NY 14427	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP Trent Middlekauff 15160 PALM ISLE DR FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D STEPHEN, SANDRA 15201 PALM ISLE DR FORT MYERS, FL 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S Nancy Gallagher 15194 Palm Isle Dr Fort Myers, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete P STARK, DONALD 15152 PALM ISLE DR FORT MYERS, FL 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fees empowered.

SIGNATURE: *J.M. Strohm* **J.M. Strohm**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **4-26-07**
 Daytime Phone #: **454-1101**

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