

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90061 007 ****61.25

DOCUMENT # N94000000168

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



Principal Place of Business
**ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FORT MYERS, FL 33919**

Mailing Address
**ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FORT MYERS, FL 33919**

40061670



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0508306

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLIANT PROPERTY MGMT
6719 WINKLER RD
SUITE 200
FORT MYERS, FL 33919**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
NOTE: Registered Agent signature required when reinstating.

4-3-08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **D** ☒ Delete
NAME **BARKER, DANI**
STREET ADDRESS **15146 PALM ISLE DR.**
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE **D Dori Middlekauff** ☐ Change ☒ Addition
NAME **15160 Palm Isle Dr**
STREET ADDRESS **Ft Myers, FL 33919**
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **NORRIS, MARY LYNN**
STREET ADDRESS **15140 PALM ISLE DR.**
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **WOOLEVER, RON**
STREET ADDRESS **4226 FAIRVIEW DR**
CITY-ST-ZIP **CASTILE, NY 14427**

TITLE **T Ron Woolever** ☒ Change ☐ Addition
NAME **15196 Palm Isle Dr**
STREET ADDRESS **Ft Myers, FL 33919**
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **MIDDLEKAUFF, TRENT**
STREET ADDRESS **15160 PALM ISLE DR**
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE **VP Pat Wehmeyer** ☐ Change ☒ Addition
NAME **15135 Palm Isle Dr**
STREET ADDRESS **Ft Myers, FL 33919**
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **GALLAGHER, NANCY**
STREET ADDRESS **15194 PALM ISLE DR**
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D Erol Taskin** ☐ Change ☒ Addition
NAME **15174 Palm Isle Dr**
STREET ADDRESS **Ft Myers, FL 33919**
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-08 239-454-11
Date Daytime Phone #