

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90148 026 ****61.25

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1. Entity Name
**WATER'S EDGE TWO AT PEPPERTREE POINTE
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**P&M PROPERTY MGMT.
14360 S. TAMiami TRAIL, UNIT B
FORT MYERS, FL 33912**

Mailing Address
**P&M PROPERTY MGMT.
14360 S. TAMiami TRAIL, UNIT B
FORT MYERS, FL 33912**

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



Alliant Property Management, LLC
5719 Winkler Rd. Suite 200
Fort Myers, FL 33919

Alliant Property Management, LLC
5719 Winkler Rd. Suite 200
Fort Myers, FL 33919

04082008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0647138

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SAPP, PAUL L.
P&M PROPERTY MGMT.
15660 SAN CARLOS BLVD., #40
FORT MYERS, FL 33908**

7. Name and Address of New Registered Agent

Alliant Property Management, LLC
5719 Winkler Rd. Suite 200
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 **AGENT**

4-17-08

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE PD ☐ Delete
NAME HAILEY, JIM
STREET ADDRESS 14360 S. TAMiami TRAIL, UNIT B
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE D ☐ Delete
NAME CHRISTIE, ROBERT
STREET ADDRESS 14360 S. TAMiami TRAIL, UNIT B
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE VP ☐ Delete
NAME HIROSKY, BOB
STREET ADDRESS 15238 TROPIC BIRD
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE D ☐ Delete
NAME GREEN, LOUIS
STREET ADDRESS 14360 S. TAMiami TRAIL, UNIT B
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE ST ☒ Delete
NAME WOOD, DAVID
STREET ADDRESS 14360 S. TAMiami TRAIL, UNIT B
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Jim Hailey ☒ Change ☐ Addition
NAME 15211 Cape Sable Ln
STREET ADDRESS Ft Myers, FL 33908
CITY-ST-ZIP

TITLE D Robert Christie ☒ Change ☐ Addition
NAME 15236 Knots Landing
STREET ADDRESS Ft Myers, FL 33908
CITY-ST-ZIP

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

TITLE D Louis Green ☒ Change ☐ Addition
NAME 15237 Knots Landing
STREET ADDRESS Ft Myers, FL 33908
CITY-ST-ZIP

TITLE ST Eddie Colon ☐ Change ☒ Addition
NAME 15230 Tropic Bird Ct
STREET ADDRESS Ft Myers, FL 33908
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 has 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/22/08

Daytime Phone #

239 454 1101