

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738875

FILED
Mar 21, 2022
Secretary of State
5273795404CC

Entity Name: SUNSET SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVENUE
FORT MYERS, FL 33907

Current Mailing Address:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVENUE
FORT MYERS, FL 33907 US

FEI Number: 59-1444738

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STROHM, JOHN
C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVENUE
FORT MYERS, FL 33907 US

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: JOHN STROHM

03/21/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name TIGHE, TOM
Address C/O ALLIANT PROPERTY
 MANAGEMENT, LLC
 13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

Title VICE PRESIDENT
Name PRATHER, RON
Address C/O ALLIANT PROPERTY
 MANAGEMENT, LLC
 13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

Title VICE PRESIDENT
Name RAUDONIS, WALTER
Address C/O ALLIANT PROPERTY
 MANAGEMENT, LLC
 13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

Title TREASURER
Name CAVIOLA, PATRICIA
Address C/O ALLIANT PROPERTY
 MANAGEMENT, LLC
 13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name BOEHLI, BILL
Address C/O ALLIANT PROPERTY
 MANAGEMENT, LLC
 13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name BOLING, JUDITH
Address C/O ALLIANT PROPERTY
 MANAGEMENT, LLC
 13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name KALTENMARK, KENNETH
Address C/O ALLIANT PROPERTY
 MANAGEMENT, LLC
 13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name BALBONI, ANN
Address C/O ALLIANT PROPERTY
 MANAGEMENT, LLC
 13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

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: TOM TIGHE

PRESIDENT

03/21/2022

