

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738875

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

04/18/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title 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 GUNDERSDORF, JOHN
Address C/O ALLIANT PROPERTY
 MANAGEMENT, LLC
 13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

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

Title SECRETARY
Name GUGLIOTTA, STEPHEN
Address C/O ALLIANT PROPERTY
 MANAGEMENT, LLC
 13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

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

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

Title DIRECTOR
Name STEWART, CHUCK
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: RON PRATHER

PRESIDENT

04/18/2025

