

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 25, 2022
Secretary of State
5735502503CC

Entity Name: PALM ISLE NEIGHBORHOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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: 65-0508306

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

03/25/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name ANTKOW, TED
Address C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

Title VP
Name PERRY, JEFF
Address C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

Title TD
Name LOGAN, AL
Address C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

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

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

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

Title DIRECTOR
Name DOLLEY, OISIN
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: TED ANTKOW

PRESIDENT

03/25/2022

