

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 762271

**Entity Name:** PROVINCETOWN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ALLIANT PROPERTY MANAGEMENT, LLC  
6719 WINKLER ROAD STE 200  
FORT MYERS, FL 33919

**Current Mailing Address:**

C/O ALLIANT PROPERTY MANAGEMENT, LLC  
6719 WINKLER ROAD STE 200  
FORT MYERS, FL 33919 US

**FEI Number:** 59-1507784

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALLIANT PROPERTY MANAGEMENT, LLC  
6719 WINKLER ROAD  
SUITE 200  
FORT MYERS, FL 33919 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:** JACK STROHM

**06/03/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name NALLY, GLENDA  
Address C/O ALLIANT PROPERTY  
MANAGEMENT, LLC  
6719 WINKLER ROAD STE 200  
City-State-Zip: FORT MYERS FL 33919

Title P  
Name CARUSO, SAM  
Address C/O ALLIANT PROPERTY  
MANAGEMENT, LLC  
6719 WINKLER ROAD STE 200  
City-State-Zip: FORT MYERS FL 33919

Title D  
Name HELMBRECHT, MYRON  
Address C/O ALLIANT PROPERTY  
MANAGEMENT, LLC  
6719 WINKLER ROAD STE 200  
City-State-Zip: FORT MYERS FL 33919

Title VP, T  
Name DICE, MARK  
Address C/O ALLIANT PROPERTY  
MANAGEMENT, LLC  
6719 WINKLER ROAD STE 200  
City-State-Zip: FORT MYERS FL 33919

Title S  
Name HOUSE, TRACY  
Address C/O ALLIANT PROPERTY  
MANAGEMENT, LLC  
6719 WINKLER ROAD STE 200  
City-State-Zip: FORT MYERS FL 33919

Title D  
Name GUERIN, JOYCE  
Address C/O ALLIANT PROPERTY  
MANAGEMENT, LLC  
6719 WINKLER ROAD STE 200  
City-State-Zip: FORT MYERS FL 33919

*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:** SAM CARUSO

**PRESIDENT**

**06/03/2014**

Electronic Signature of Signing Officer/Director Detail

Date