2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762271

Entity Name: PROVINCETOWN CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 10, 2015
Secretary of State
CC8061538816

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 04/10/2015

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VP

Name CARUSO, SAM Name GUERIN, JOYCE

Address C/O ALLIANT PROPERTY Address C/O ALLIANT PROPERTY

MANAGEMENT, LLC MANAGEMENT, LLC

6719 WINKLER ROAD STE 200 6719 WINKLER ROAD STE 200

City-State-Zip: FORT MYERS FL 33919 City-State-Zip: FORT MYERS FL 33919

Title TREASURER Title S

Name DICE, MARK Name HOUSE, TRACY

Address C/O ALLIANT PROPERTY Address C/O ALLIANT PROPERTY

MANAGEMENT, LLC MANAGEMENT, LLC

6719 WINKLER ROAD STE 200 6719 WINKLER ROAD STE 200

City-State-Zip: FORT MYERS FL 33919 City-State-Zip: FORT MYERS FL 33919

Title D Title D

Name HELMBRECHT, MYRON Name NALLY, GLENDA

Address C/O ALLIANT PROPERTY Address C/O ALLIANT PROPERTY

MANAGEMENT, LLC MANAGEMENT, LLC

6719 WINKLER ROAD STE 200 6719 WINKLER ROAD STE 200

City-State-Zip: FORT MYERS FL 33919 City-State-Zip: FORT MYERS FL 33919

Title DIRECTOR Title DIRECTOR

Name CLARK, DOROTHY Name CLARK, DOROTHY

Address C/O ALLIANT PROPERTY Address C/O ALLIANT PROPERTY

MANAGEMENT, LLC MANAGEMENT, LLC

6719 WINKLER ROAD STE 200 6719 WINKLER ROAD STE 200

City-State-Zip: FORT MYERS FL 33919 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 04/10/2015