

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762271

Entity Name: PROVINCETOWN 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: 59-1507784**Certificate of Status Desired: No****Name and Address of Current Registered Agent:**

ALLIANT PROPERTY MANAGEMENT, LLC
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 M. STROHM**03/09/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title D
Name HELMBRECHT, MYRON
Address C/O ALLIANT PROPERTY
 MANAGEMENT, LLC
 13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

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

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

Title S
Name HOUSE, TRACY
Address C/O ALLIANT PROPERTY
 MANAGEMENT, LLC
 13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

Title D
Name CARUSO, SAM
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: TRACY HOUSE**SECRETARY****03/09/2016**

