2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004219

FILED Apr 10, 2008 Secretary of State

Entity Name: ALEXANDRIA PLACE TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3527 PALM HARBOR BLVD PALM HARBOR, FL 34683

Current Mailing Address: New Mailing Address:

P.O. BOX 1418 3527 PALM HARBOR BLVD. PALM HARBOR, FL 34683 PALM HARBOR, FL 34682

FEI Number: 20-2327765 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HANSON, JACK B MELROSÉ MANAGEMENT GROUP 3527 PALM HARBOR BLVD

HANSON, JACK B MELROSÉ-SOVEREIGN COMPANIES 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683 US PALM HARBOR, FL 34683 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 B HANSON 04/10/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete MINIERI, JENNIFER BRIDGES, JEFFERY A Name: Name: 9911 PALERMO BREEZE WAY Address: 9905 PALERMO BREEZE WAY Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: TAMPA, FL 33619

Title: () Delete Title: (X) Change () Addition BRIDGES, JEFFERY A Name: DAVID, KRISTY Name:

Address: 9905 PALERMO BREEZE WAY Address: 9912 PALERMO BREEZE WAY

City-St-Zip: TAMPA, FL 33619 City-St-Zip: TAMPA, FL 33619

Title: () Delete Title: (X) Change () Addition MULARSKI, DAVID PHILLIP, ANITA Name: Name:

1125 ANDREW AVILES CIRCLE 9911 VENETIAN RIVER WAY Address: Address:

City-St-Zip: TAMPA, FL 33619 City-St-Zip: TAMPA, FL 33619

Title: () Delete Title: () Change () Addition

Name: ANDERSON, SCOTT Name: 1131 ANDREW AVILES CIRCLE Address: Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip:

Title: () Delete Title: () Change (X) Addition

ZUJOVIC, LISA Name: Name:

9901 PALERMO BREEZE WAY Address: Address:

City-St-Zip: City-St-Zip: TAMPA, FL 33619

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEFFERY A BRIDGES Ρ 04/10/2008