

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004219

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: ALEXANDRIA PLACE TOWNHOMES ASSOCIATION, INC.

**Current Principal Place of Business:**

3527 PALM HARBOR BLVD  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

3527 PALM HARBOR BLVD.  
PALM HARBOR, FL 34683

**New Mailing Address:**

FEI Number: 20-2327765

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HANSON, JACK B  
MELROSE-SOVEREIGN COMPANIES  
3527 PALM HARBOR BLVD  
PALM HARBOR, FL 34683 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BRIDGES, JEFFERY A  
Address: 9905 PALERMO BREEZE WAY  
City-St-Zip: TAMPA, FL 33619

Title: VP ( ) Delete  
Name: DAVID, KRISTY  
Address: 9912 PALERMO BREEZE WAY  
City-St-Zip: TAMPA, FL 33619

Title: S ( ) Delete  
Name: PHILLIP, ANITA  
Address: 9911 VENETIAN RIVER WAY  
City-St-Zip: TAMPA, FL 33619

Title: T ( ) Delete  
Name: ANDERSON, SCOTT  
Address: 1131 ANDREW AVILES CIRCLE  
City-St-Zip: TAMPA, FL 33619

Title: D (X) Delete  
Name: ZUJOVIC, LISA  
Address: 9901 PALERMO BREEZE WAY  
City-St-Zip: TAMPA, FL 33619

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: SKELLY, KEVIN  
Address: 1051 ANDREW AVILES CIRCLE  
City-St-Zip: TAMPA, FL 33619

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: MELVILLE, CARLOS  
Address: 1031 ANDREW AVILES CIRCLE  
City-St-Zip: TAMPA, FL 33619

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date