2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008401

FILED Mar 11, 2009 Secretary of State

Entity Name: ALLIANCE CONDOMINIUM ASSOCIATION, INC.

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

8421 S. ORANGE BLOSSOM TRAIL 8421 S. ORANGE BLOSSOM TRAIL

SUITE 270 SUITE 116

ORLANDO, FL 32809 ORLANDO, FL 32809

Current Mailing Address: New Mailing Address:

8421 S. ORANGE BLOSSOM TRAIL 8421 S. ORANGE BLOSSOM TRAIL

SUITE 270 SUITE 116

ORLANDO, FL 32809 ORLANDO, FL 32809

FEI Number: 42-1688591 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:

CARVALHO, ENIO CARVALHO, ENIO

8421 S. ORÁNGE BLOSSOM TRAIL 8421 S. ORÁNGE BLOSSOM TRAIL

SUITE 270 SUITE 116

ORLANDO, FL 32809 US ORLANDO, FL 32809 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: ENIO CARVALHO 03/11/2009

Electronic Signature of Registered Agent Date

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

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

Name: CARVALHO, ENIO Name: CARVALHO, ENIO

Address: 8421 S ORANGE BLOSSOM TRAIL#270 Address: 8421 S ORANGE BLOSSOM TRAIL 116

City-St-Zip: ORLANDO, FL 32809 City-St-Zip: ORLANDO, FL 32809

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

Name: ALEVATO, MARCO M Name: COUTO, ZELMAR

Address: 8421 S ORANGE BLOSSOM TRAIL #270 Address: 8421 S ORANGE BLOSSOM TRAIL 123

City-St-Zip: ORLANDO, FL 32809 City-St-Zip: ORLANDO, FL 32809

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: ENIO CARVALHO PRES 03/11/2009