

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762761

**FILED**  
**Jan 03, 2014**  
**Secretary of State**  
**CC7404645111**

**Entity Name:** ALLANS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O DAVID FINLEY  
3170 SOUTH HWY A1A  
MELBOURNE BEACH, FL 32951

**Current Mailing Address:**

C/O DAVID FINLEY  
3170 SOUTH HWY A1A  
MELBOURNE BEACH, FL 32951 US

**FEI Number:** 59-2513974

**Certificate of Status Desired:** No

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

MCCANN, JAMES P  
165 ALLAN LANE  
MELBOURNE BEACH, FL 32951 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:** JAMES P. MCCANN

01/03/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name FOOTE, ROBERT  
Address 225 ALLAN LANE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title DIRECTOR  
Name WALKER, KATHERINE  
Address 255 ALLAN LANE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title PRESIDENT  
Name FINLEY, DAVID  
Address 3170 S. A1A  
City-State-Zip: MELBOURNE BEACH FL 32951

Title DIRECTOR  
Name FORTIN, KATHLEEN  
Address 175 ALLAN LANE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title DIRECTOR  
Name MILLER, WILLIAM H JR.  
Address 285 ALLAN LANE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title TREASURER  
Name MCCANN, JAMES P  
Address 165 ALLAN LANE  
City-State-Zip: MELBOURNE BEACH FL 32951

*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:** JAMES P. MCCANN

**TREASURER**

01/03/2014

Electronic Signature of Signing Officer/Director Detail

Date