

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762761

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

**Current Principal Place of Business:**

C/O DAVID FINLEY  
PO BOX 510292  
MELBOURNE BEACH, FL 32951

**Current Mailing Address:**

P.O. BOX 510292  
MELBOURNE BEACH, FL 32951 US

**FEI Number: 59-2513974**

**Certificate of Status Desired: No**

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

FINLEY, DAVID A  
115 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: DAVID A FINLEY**

**04/02/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name PARCHINSKI, BRIAN  
Address 215 ALLAN LANE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title PRESIDENT, DIRECTOR  
Name FINLEY, DAVID  
Address 115 ALLAN LANE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title DIRECTOR  
Name GROVER, LINDA  
Address 205 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 DIRECTOR  
Name MCCANN, JAMES P  
Address 165 ALLAN LANE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title TREASURER, SECRETARY  
Name MCDONALD, JOANN  
Address 145 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: DAVID FINLEY**

**04/02/2019**

Electronic Signature of Signing Officer/Director Detail

Date