

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000003304

**Entity Name:** THE AHALI PLACE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**5901 30TH COURT SOUTH  
C/O AHALI PLACE HOA  
SAINT PETERSBURG, FL 33712**Current Mailing Address:**PO BOX 47351  
ST. PETERSBURG, FL 33743 US**FEI Number:** 20-0907527**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPS  
5729 -13TH AVE N  
104D  
SAINT PETERSBURG, FL 33710 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:** SPS

04/29/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	FLAKES, MALCOM
Address	PO BOX 47351
City-State-Zip:	ST. PETERSBURG FL 33743

Title	PRESIDENT
Name	ROUSON, ANGELA E
Address	PO BOX 47351
City-State-Zip:	ST. PETERSBURG FL 33743

Title	VP
Name	WHITE, QUETHLYN
Address	PO BOX 47351
City-State-Zip:	ST. PETERSBURG FL 33743

Title	SECRETARY
Name	RODNEY, RODRIQUE DR.
Address	PO BOX 47351
City-State-Zip:	ST. PETERSBURG FL 33743

Title	TREASURER
Name	JONES, NYCOLE
Address	PO BOX 47351
City-State-Zip:	ST. PETERSBURG FL 33743

Title	DIRECTOR
Name	ADKINSON, STEPHANIE
Address	PO BOX 47351
City-State-Zip:	ST. PETERSBURG FL 33743

Title	DIRECTOR
Name	SCOTT, SIRRON
Address	PO BOX 47351
City-State-Zip:	ST. PETERSBURG FL 33743

Title	DIRECTOR
Name	UNAL, ZAFER PROPERTY
Address	PO BOX 47351
City-State-Zip:	ST. PETERSBURG FL 33743-7351

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*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:** SPS, LLC

MGR

04/29/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	MANAGER
Name	SPS, LLC
Address	PO BOX 47351
City-State-Zip:	ST. PETERSBURG FL 33743-7351