

2016 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:**2100 4TH ST N
SAINT PETERSBURG, FL 33704 US**FEI Number:** 20-0907527**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MC HOMES REALTY
2100 4TH ST N
SAINT PETERSBURG, FL 33704 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:** MAGGIE CACERES

04/28/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name FLAKES, MALCOM
Address PO BOX 15972
City-State-Zip: SAINT PETERSBURG FL 33733

Title VP
Name BROWN, MARSHALL E
Address PO BOX 15972
City-State-Zip: SAINT PETERSBURG FL 33733

Title PRESIDENT
Name ROUSON, ANGELA
Address PO BOX 15972
City-State-Zip: SAINT PETERSBURG FL 33733

Title OFFICER
Name JONES, MICHAEL
Address PO BOX 15972
City-State-Zip: SAINT PETERSBURG FL 33733

Title OFFICER
Name WHITE, QUETHLYN
Address PO BOX 15972
City-State-Zip: SAINT PETERSBURG FL 33733

Title SECRETARY
Name RODNEY, RODRIQUE DR.
Address PO BOX 15972
City-State-Zip: SAINT PETERSBURG FL 33733

Title OFFICER
Name ADKINSON , STEPHANIE
Address PO BOX 15972
City-State-Zip: SAINT PETERSBURG FL 33733

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: MALCOM FLAKES

PRESIDENT

04/28/2016

Electronic Signature of Signing Officer/Director Detail

Date