

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004219

**Entity Name:** ALEXANDRIA PLACE TOWNHOMES ASSOCIATION, INC.

**Current Principal Place of Business:**

5680 W. CYPRESS ST.  
SUITE A  
TAMPA, FL 33607

**Current Mailing Address:**

5680 W. CYPRESS ST.  
SUITE A  
TAMPA, FL 33607

**FEI Number: 59-2314256**

**Certificate of Status Desired: No**

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

COMMUNITY ASSOCIATION MANAGEMENT SERVICES  
5680 W. CYPRESS ST.  
SUITE A  
TAMPA, FL 33607 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MISTLER, MYRA  
Address 5680 W. CYPRESS ST., SUITE A  
City-State-Zip: TAMPA FL 33607

Title VP  
Name PERSAUD, VIDYA  
Address 5680 W. CYPRESS ST., SUITE A  
City-State-Zip: TAMPA FL 33607

Title S  
Name DAVID, KRISTY  
Address 5680 W. CYPRESS ST., SUITE A  
City-State-Zip: TAMPA FL 33607

*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: KRISTY DAVID**

**SECRETARY**

**04/18/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date