

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008401

Entity Name: ALLIANCE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**8421 S. ORANGE BLOSSOM TRAIL - UNIT 211
ORLANDO, FL 32809**Current Mailing Address:**8421 S. ORANGE BLOSSOM TRAIL
SUITE 113
ORLANDO, FL 32809 US**FEI Number:** 42-1688591**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SEGURA, ELKIN R
8421 S. ORANGE BLOSSOM TRAIL - UNIT 211
ORLANDO, FL 32809 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:** DARIO ALVAREZ

04/27/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP, DIRECTOR
Name RAMIREZ, ROLANDO G
Address 8421 S. ORANGE BLOSSOM TRAIL
SUITE 102
City-State-Zip: ORLANDO FL 32809

Title DT
Name RAMPHAL, MOTIELAL
Address 8421 S. ORANGE BLOSSOM TRAIL
SUITE 271
City-State-Zip: ORLANDO FL 32809

Title D
Name NAVARRO, MAGALY
Address 8421 S. ORANGE BLOSSOM TRAIL
SUITE 134
City-State-Zip: ORLANDO FL 32809

Title D
Name CONTRERAS, JOSE
Address 8421 S. ORANGE BLOSSOM TRAIL
SUITE 122
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR
Name SEGURA, ELKIN
Address 8421 S. ORANGE BLOSSOM TRAIL
SUITE 211
City-State-Zip: ORLANDO FL 32809

Title P
Name SEGURA, ELKIN
Address 8421 S. ORANGE BLOSSOM TRAIL -
UNIT 211
City-State-Zip: ORLANDO FL 32809

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: ELKIN SEGURA

P

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date