

2020 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
SUITE 113
ORLANDO, FL 32809**Current Mailing Address:**PO BOX 782333
ORLANDO, FL 32878-2333 US**FEI Number:** 42-1688591**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AMKHINICH, ERIC
8421 S ORANGE BLOSSOM TRL #128
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SD
Name	CASTIBLANCO, RODOLFO
Address	8421 S. ORANGE BLOSSOM TRAIL SUITE 125
City-State-Zip:	ORLANDO FL 32809

Title	D
Name	IVOLGA, EVGENIA
Address	8421 S. ORANGE BLOSSOM TRAIL - UNIT 211
City-State-Zip:	ORLANDO FL 32809

Title	SD
Name	GONZALEZ, CARLOS
Address	8421 S. ORANGE BLOSSOM TRAIL - UNIT 211
City-State-Zip:	ORLANDO FL 32809

Title	PT
Name	AMKHINICH, ERIC
Address	8421 S. ORANGE BLOSSOM TRAIL - UNIT 211
City-State-Zip:	ORLANDO FL 32809

Title	D
Name	NAVARRO, MAGALY
Address	8421 S. ORANGE BLOSSOM TRAIL - UNIT 211
City-State-Zip:	ORLANDO FL 32809

Title	D
Name	CASTIBLANCO, RODOLFO
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: ERIC AMKHINICH

PRESIDENT

06/16/2020

Electronic Signature of Signing Officer/Director Detail

Date