

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000008401

Entity Name: ALLIANCE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8421 S ORANGE BLOSSOM TRAIL
SUITE 321
ORLANDO, FL 32809

Current Mailing Address:

P O BOX 782333
ORLANDO, FL 32878-2333 US

FEI Number: 42-1688591

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CARVALHO, ENIO
8421 S ORANGE BLOSSOM TRAIL
SUITE 321
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: MICHELLE DIGLIO BENKIRAN

11/23/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title FIRST SECRETARY/D
Name MENDEZ, JONATHAN E
Address 8421 S ORANGE BLOSSOM TRAIL
SUITE 210
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR
Name GONZALEZ, CARLOS
Address 8421 S ORANGE BLOSSOM TRAIL
SUITE 103
City-State-Zip: ORLANDO FL 32809

Title TREASURER, VICE-PRESIDENT,
DIRECTOR
Name CARVALHO, ENIO
Address 518 LAKESCAPE COURT
City-State-Zip: ORLANDO FL 32828

Title 2ND SECRETARY/D, ASST.
SECRETARY
Name COLACO, ARMANDO SOARES
Address 8421 S ORANGE BLOSSOM TRAIL
SUITE 322
City-State-Zip: ORLANDO FL 32809

Title PRESIDENT/DIRECTOR
Name OLIVARES, FIORELLA MORALES
Address 8421 S ORANGE BLOSSOM TRAIL
SUITE 210
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR
Name AGUIAR, JUVENAL
Address 8421 S ORANGE BLOSSOM TRAIL
SUITE 321
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: FIORELLA MORALES OLIVARES

PRESIDENT

11/23/2021

Electronic Signature of Signing Officer/Director Detail

Date