

2019 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:**8421 S. ORANGE BLOSSOM TRAIL
SUITE 113
ORLANDO, FL 32809 US**FEI Number:** 42-1688591**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MIGUEL, ADALBERTO A.
8421 S. ORANGE BLOSSOM TRAIL
SUITE 213
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:** ADALBERTO A MIGUEL

04/12/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title SD
Name QUEZADA, KEYSI
Address 8421 S. ORANGE BLOSSOM TRAIL
SUITE 223
City-State-Zip: ORLANDO FL 32809

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

Title PD
Name CARVALHO, ENIO
Address 8421 S. ORANGE BLOSSOM TRAIL
SUITE 113
City-State-Zip: ORLANDO FL 32809

Title TD
Name CASTILLO, MATILDE
Address 8421 S. ORANGE BLOSSOM TRAIL
SUITE 206
City-State-Zip: ORLANDO FL 32809

Title VP/D
Name CARDONA, EDWIN M
Address 8421 S ORANGE BLOSSOM TRAIL
SUITE 207
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: ENIO CARVALHO

PRES/DIRECTOR

04/12/2019

Electronic Signature of Signing Officer/Director Detail

Date