

**2022 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 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: No

Name and Address of Current Registered Agent:

CUEVAS, ANDREW
CUEVAS, GARCIA & TORRES, PA
ANDREW CUEVAS, ESQ. 7300 NORTH KENDAL DRIVE, 680
MIAMI, FL 33156 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: ANDREW CUEVAS

07/01/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title VP/DIRECTOR
Name SANCHEZ, DANIEL
Address PRO-BONO POSITION
8421 S ORANGE BLOSSOM TRAIL
UNIT 113
City-State-Zip: ORLANDO FL 32809

Title TREASURER
Name OLIVARES, FIORELLA MORALES
Address PRO-BONO POSITION
8421 S ORANGE BLOSSOM TRAIL
SUITE 210
City-State-Zip: ORLANDO FL 32809

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

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

Title DIRECTOR
Name HIGGERSON, DAMIEN
Address PRO-BONO POSITION
8421 S ORANGE BLOSSOM TRAIL
UNIT 318
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: DANIEL SANCHEZ

VP

07/01/2022

