

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009302

**Entity Name:** ALCANIZ CENTRE MASTER HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 12, 2013**  
**Secretary of State**  
**CC2432467433**

**Current Principal Place of Business:**

316 S BAYLEN STREET  
SUITE 300  
PENSACOLA, FL 32502

**Current Mailing Address:**

P.O. BOX 12427  
PENSACOLA, FL 32591 US

**FEI Number: 20-5465400**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BORISH, ILONA J  
316 S BAYLEN STREET  
SUITE 300  
PENSACOLA, FL 32502 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            PRESIDENT, TREASURER  
Name            LOVELL, ADRIAN  
Address        21 S. TARRAGONA STREET, SUITE  
                  102  
City-State-Zip: PENSACOLA FL 32502

Title            DIRECTOR  
Name            ORLICH, STEVE  
Address        P.O. BOX 12427  
City-State-Zip: PENSACOLA FL 32591

Title            VP, SECRETARY  
Name            CARSON, JOSEPH E  
Address        21 S. TARRAGONA STREET, SUITE  
                  102  
City-State-Zip: PENSACOLA FL 32502

Title            DIRECTOR  
Name            HILL, LAURA  
Address        P.O. BOX 12427  
City-State-Zip: PENSACOLA FL 32591

*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: ADRIAN LOVELL**

**PRESIDENT**

**02/12/2013**

Electronic Signature of Signing Officer/Director Detail

Date