

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009302

**Entity Name:** ALCANIZ CENTRE MASTER HOMEOWNERS ASSOCIATION, INC.**FILED**  
**Feb 23, 2021**  
**Secretary of State**  
**8679106143CC****Current Principal Place of Business:**21 S TARRAGONA ST  
PENSACOLA, FL 32502**Current Mailing Address:**P.O. BOX 13312  
PENSACOLA, FL 32591 US**FEI Number: 20-5465400****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MOODY, SUSAN L.  
657 EAST ROMANA ST.  
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: SUSAN L. MOODY****02/23/2021**

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

Title	DIRECTOR
Name	DAVIS, DIANE
Address	P.O. BOX 606
City-State-Zip:	PENSACOLA FL 32591

Title	DIRECTOR
Name	BRINZA, RANDY
Address	P.O. BOX 12507
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****02/23/2021**

Electronic Signature of Signing Officer/Director Detail

Date