

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009520

**FILED  
Apr 01, 2015  
Secretary of State  
CC0100427035**

**Entity Name:** ALEXANDER RIDGE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

811 MABBETTE STREET  
KISSIMMEE, FL 34741

**Current Mailing Address:**

811 MABBETTE STREET  
KISSIMMEE, FL 34741 US

**FEI Number: 46-4983784**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEMS  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 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 PD  
Name DE LA OSSA, CARLOS  
Address 4600 W. CYPRESS ST., SUITE 200  
City-State-Zip: TAMPA FL 33607

Title VD  
Name ANDREDE, MILTON  
Address 4600 W CYPRESS ST., SUITE 200  
City-State-Zip: TAMPA FL 33607

Title STD  
Name PACE, ERICA  
Address 4600 W CYPRESS ST., SUITE 200  
City-State-Zip: TAMPA FL 33607

*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: CARLOS DE LA OSSA**

**PRESIDENT**

**04/01/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date