

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003334

FILED
Apr 19, 2018
Secretary of State
CC1699217726**Entity Name:** OLD MOULTRIE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O ALSOP PROPERTY MANAGEMENT
77 ALMERIA ST
ST AUGUSTINE, FL 32084**Current Mailing Address:**C/O ALSOP PROPERTY MANAGEMENT
PO BOX 1389
ST AUGUSTINE, FL 32085 US**FEI Number: 20-8815360****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ALSOP PROPERTY MANAGEMENT
77 ALMERIA ST
ST AUGUSTINE, FL 32084 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: JANEEN RAULERSON****04/19/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	GREGG, JENNIFER
Address	C/O ALSOP PROPERTY MANAGEMENT PO BOX 1389
City-State-Zip:	ST AUGUSTINE FL 32085

Title	TREASURER
Name	TINAGLIA, GREG
Address	C/O ALSOP PROPERTY MANAGEMENT PO BOX 1389
City-State-Zip:	ST AUGUSTINE FL 32085

Title	SECRETARY
Name	HOOG, GARY
Address	C/O ALSOP PROPERTY MANAGEMENT PO BOX 1389
City-State-Zip:	ST AUGUSTINE FL 32085

Title	DIRECTOR
Name	SZYMCZYK, MACICJ
Address	PO BOX 1389
City-State-Zip:	ST. AUGUSTINE FL 32085

Title	PRESIDENT
Name	LEPOUREAU, PIERRE
Address	C/O ALSOP PROPERTY MANAGEMENT PO BOX 1389
City-State-Zip:	ST AUGUSTINE FL 32085

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: PIERRE LEPOUREAU**PRESIDENT****04/19/2018**

Electronic Signature of Signing Officer/Director Detail

Date