

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000003334

**FILED**  
**May 01, 2019**  
**Secretary of State**  
**7215875793CC**

**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**

**05/01/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title TREASURER  
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**

**05/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date