

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000010981

**Entity Name:** ALLIANCE CENTER CONDOMINIUMS ASSOCIATION, INC.**Current Principal Place of Business:**119 SOUTH MONROE STREET  
TALLAHASSEE, FL 32301**Current Mailing Address:**PO BOX 13701  
TALLAHASSEE, FL 32317 US**FEI Number: 82-3609460****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WAGNON, DANIEL H  
1705 METROPOLITAN BLVD  
SUITE 201  
TALLAHASSEE, FL 32308 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: DANIEL H WAGNON****01/30/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP, DIRECTOR
Name	ALLEN, TOM
Address	1807 SAGEWAY DRIVE
City-State-Zip:	TALLAHASSEE FL 32303

Title	PRESIDENT, DIRECTOR
Name	PROCTOR, TOM
Address	4450 RHODEN COVE LANE
City-State-Zip:	TALLAHASSEE FL 32312

Title	DIRECTOR
Name	THAMES, JUSTIN
Address	119 SOUTH MONROE STREET
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	DAUGHTON, JIM
Address	119 SOUTH MONROE STREET
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	COGNAN, IAN
Address	119 SOUTH MONROE STREET
City-State-Zip:	TALLAHASSEE FL 32301

Title	SECRETARY, TREASURER
Name	AUSTIN, DANIELLE
Address	3520 THOMASVILLE RD SUITE 200
City-State-Zip:	TALLAHASSEE FL 32309

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: PROCTOR, TOM****PRES****01/30/2023**

Electronic Signature of Signing Officer/Director Detail

Date