

2020 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:**119 SOUTH MONROE STREET SUITE 300
P.O. BOX 547
TALLAHASSEE, FL 32301**FEI Number:** 82-3609460**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MENDOZA, LYNN C
119 S. MONROE ST. SUITE 300
TALLAHASSEE, FL 32301 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	DIRECTOR
Name	HUNTER, GARY K
Address	119 S. MONROE ST. SUITE 300
City-State-Zip:	TALLAHASSEE FL 32301

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

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

Title	STD
Name	MENDOZA, LYNN
Address	119 S. MONROE STREET, SUITE 300
City-State-Zip:	TALLAHASSEE FL 32301

Title	PRESIDENT, DIRECTOR
Name	MERRITT, JASON
Address	119 S. MONROE STREET, SUITE 300
City-State-Zip:	TALLAHASSEE FL 32301

Title	D
Name	KIRKLAND, BEN
Address	BB&T 2400 DALLAS PARKWAY SUITE 160
City-State-Zip:	PLANO TX 75093

Title	DIRECTOR
Name	LEWIS, BROOKE E
Address	119 SOUTH MONROE STREET SUITE 300
City-State-Zip:	TALLAHASSEE FL 32301

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: LYNN MENDOZA

STD

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date