

2014 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: 27-0469811

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

Title D
Name SCHULTE, DAVID
Address BB&T
123 SOUTH MONROW ST
City-State-Zip: TALLAHASSEE FL 32301

Title D
Name POWELL, DAVID
Address 119 S. MONROE STREET, SUITE 300
City-State-Zip: TALLAHASSEE FL 32301

Title D
Name PROCTOR, TOM
Address 3070 HAWKS GLEN DR
City-State-Zip: TALLAHASSEE FL 32312

Title D
Name MERRITT, JASON
Address 119 S. 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

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date