

**2013 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:** Yes

**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

**SECRETARY**

**03/15/2013**

Electronic Signature of Signing Officer/Director Detail

Date