

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000000798

**Entity Name:** ALTON PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

701 S. OLIVE AVENUE  
SUITE 104  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

701 S. OLIVE AVENUE  
SUITE 104  
WEST PALM BEACH, FL 33401

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 DP  
Name COVELL, RICK  
Address 701 S. OLIVE AVENUE, SUITE 104  
City-State-Zip: WEST PALM BEACH FL 33401

Title DVT  
Name TRAXINGER, JAMES B  
Address 701 S. OLIVE AVENUE, SUITE 104  
City-State-Zip: WEST PALM BEACH FL 33401

Title DS  
Name CSAPO, JOHN  
Address 701 S. OLIVE AVENUE, SUITE 104  
City-State-Zip: WEST PALM BEACH FL 33401

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: RICK COVELL**

**DP**

**04/17/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date