

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000000843

**Entity Name:** ALTON NEIGHBORHOOD 3 ASSOCIATION, INC.**Current Principal Place of Business:**701 S OLIVE AVE STE 104  
WEST PALM BEACH, FL 33401**Current Mailing Address:**701 S OLIVE AVE STE 104  
WEST PALM BEACH, FL 33401**FEI Number:** APPLIED FOR**Certificate of Status Desired:** Yes**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	DIRECTOR, VP
Name	NELSON, MATT
Address	4807 PGA BLVD
City-State-Zip:	PALM BCH GARDENS FL 33418

Title	DIRECTOR, SECRETARY
Name	KATTOURA, RICH
Address	4807 PGA BLVD
City-State-Zip:	PALM BCH GARDENS FL 33418

Title	DIRECTOR, VICE SECRETARY
Name	DELACRUZ, PERLA
Address	4807 PGA BLVD
City-State-Zip:	PALM BCH GARDENS FL 33418

Title	DIRECTOR, TREASURER
Name	SAUVAGE, ARNAUD
Address	4807 PGA BLVD
City-State-Zip:	PALM BCH GARDENS FL 33418

Title	DIRECTOR, PRESIDENT
Name	RYAN, WILLIAM
Address	4807 PGA BLVD
City-State-Zip:	PALM BCH GARDENS FL 33418

Title	DIRECTOR
Name	MORTON, SCOTT
Address	4807 PGA BLVD
City-State-Zip:	PALM BCH GARDEN FL 33418

*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:** WILLIAM RYAN**PRESIDENT****02/19/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date