

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000013048

Entity Name: NEW ALLIANCE CONDO ASSOCIATION, INC**Current Principal Place of Business:**8421 S ORANGE BLOSSOM TRAIL
8421 S ORANGE BLOSSOM TRAIL 322
ORLANDO, FL 32809**Current Mailing Address:**8421 S ORANGE BLOSSOM TRAIL
UNIT 321
ORLANDO, FL 32809 US**FEI Number:** 84-4054952**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CARVALHO, ENIO
8421 S ORANGE BLOSSOM TRAIL
UNIT 322
ORLANDO, FL 32809 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	PTD
Name	CARVALHO, ENIO
Address	8421 S ORANGE BLOSSOM TRAIL 322
City-State-Zip:	ORLANDO FL 32809

Title	D
Name	FLETCHER, CHARLES
Address	8421 S ORANGE BLOSSOM TRAIL UNIT 217
City-State-Zip:	ORLANDO FL 32809

Title	D
Name	RODRIGUEZ, DAISY R
Address	8421 S ORANGE BLOSSOM TRAIL UNIT 317
City-State-Zip:	ORLANDO FL 32809

Title	VPD
Name	MIGUEL, ADALBERTO A
Address	8421 S ORANGE BLOSSOM TRAIL UNIT 140
City-State-Zip:	ORLANDO 32809

Title	S
Name	REYES, JONATHAN G
Address	8421 S ORANGE BLOSSOM TRAIL STE 140
City-State-Zip:	ORLANDO FL 32809

Title	D
Name	HIGGERSON, DAMIEN
Address	8421 S ORANGE BLOSSOM TRAIL UNIT 318
City-State-Zip:	ORLANDO FL 32809

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: ENIO CARVALHO**PRES****03/19/2021**

Electronic Signature of Signing Officer/Director Detail

Date