

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 433021

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** ALLAIRE COMMUNITY MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

151 CALHOUN AVE.  
UNIT 610  
DESTIN, FL 32541 US

**New Principal Place of Business:**

714 OVERBROOK DRIVE  
FORT WALTON BEACH, FL 32547 US

**Current Mailing Address:**

PO BOX 865  
FORT WALTON BEACH, FL 32549 US

**New Mailing Address:**

714 OVERBROOK DRIVE  
FORT WALTON BEACH, FL 32547 US

**FEI Number:** 59-1553878

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLAIRE, RONALD L.  
151 CALHOUN AVE,  
UNIT 610  
DESTIN, FL 32541 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ALLAIRE, RONALD L.  
Address: 151 CALHOUN AVE. UNIT 610  
City-St-Zip: DESTIN, FL 32549 US

Title: VP  
Name: ALLAIRE, THIMOTHY  
Address: 714 OVERBROOK DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: SECR  
Name: ALLAIRE, ANNAMMA  
Address: 714 OVERBROOK DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RONALD L ALLAIRE

PD

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date