

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748719

FILED
Feb 16, 2010
Secretary of State

Entity Name: THE ALEXANDRIA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

79 MASTERS DR
SAINT AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

79 MASTERS DR
SAINT AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 59-1973278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE NEIGHBORHOOD MANAGERS, INC
79 MASTERS DR
SAINT AUGUSTINE, FL 32084 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: D
Name: DREADEN, EDITH
Address: 5274 POWERS FERRY RD NW
City-St-Zip: ATLANTA, GA 30327

Title: PD
Name: PROM, CHARLOTTE
Address: 50 N. LAURA ST, SUITE 2500
City-St-Zip: JACKSONVILLE, FL 32202

Title: TSD
Name: HINTON, PATRICK
Address: 826 CEDAR ST
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD
Name: RICHARDSON, DAN
Address: 1580 PALM AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D
Name: ELKAZ-LOWNEY, MARIA
Address: PO BOX 10397
City-St-Zip: JACKSONVILLE, FL

Title: D
Name: MITCHELL, ZACHARY
Address: 831 LASALLE ST
City-St-Zip: JACKSONVILLE, FL 32207

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: CHARLOTTE PROM

PD

02/16/2010

Electronic Signature of Signing Officer or Director

Date