

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762761

FILED  
Apr 26, 2007  
Secretary of State

**Entity Name:** ALLANS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O STACEY NORMAN  
235 ALLAN LN.  
MELBOURNE BEACH, FL 32951

**New Principal Place of Business:**

**Current Mailing Address:**

C/O STACEY NORMAN  
235 ALLAN LN.  
MELBOURNE BEACH, FL 32951

**New Mailing Address:**

**FEI Number:** 59-2513974

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WATTWOOD, ROBERT W ESQ  
1686 W. HIBISCUS BLVD.  
MELBOURNE, FL 32901 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 ( ) Delete  
Name: FRENCH, ALAN  
Address: 265 ALLAN LANE  
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: D ( ) Delete  
Name: FOOTE, ROBERT  
Address: 225 ALLAN LANE  
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: D (X) Delete  
Name: KUBLIN, VINCENT  
Address: 155 ALLAN LANE  
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: P ( ) Delete  
Name: NORMAN, STACEY  
Address: 235 ALLAN LANE  
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: S ( ) Delete  
Name: FINLEY, MRS JOSEPH M,  
Address: 3170 S HIGHWAY A1A  
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: DT ( ) Delete  
Name: NORMAN, STACEY R  
Address: 235 ALLAN LANE  
City-St-Zip: MELBOURNE BEACH, FL 32951 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STACEY R. NORMAN

DT

04/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date