

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011612

FILED  
Jan 29, 2012  
Secretary of State

**Entity Name:** ALEXANDER ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

169 ALEXANDER ESTATES DR.  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 884  
AUBURNDALE, FL 33823

**New Mailing Address:**

**FEI Number:** 20-2555923

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PUTNAM, ABEL  
500 SOUTH FLORIDA AVENUE  
SUITE 300  
LAKELAND, FL 33801 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:** P  
**Name:** LUBRECHT, JOHN  
**Address:** 169 ALEXANDER ESTATES DR.  
**City-St-Zip:** AUBURNDALE, FL 33823 US

**Title:** VP  
**Name:** DAVIS, SHERWOOD  
**Address:** 140 ALEXANDER ESTATES DRIVE  
**City-St-Zip:** AUBURNDALE, FL 33823 US

**Title:** T  
**Name:** CORMIER, SHANNON  
**Address:** 129 ALEXANDER ESTATES DR.  
**City-St-Zip:** AUBURNDALE, FL 33823 US

**Title:** S  
**Name:** CORMIER, SHANNON  
**Address:** 129 ALEXANDER ESTATES DR.  
**City-St-Zip:** AUBURNDALE, FL 33823 US

**Title:** D  
**Name:** PICKLE, BOB  
**Address:** 177 ALEXANDER ESTATES DR.  
**City-St-Zip:** AUBURNDALE, FL 33823 US

**Title:** D  
**Name:** SHEFFIELD, RUSS  
**Address:** 402 OSCEOLA STREET  
**City-St-Zip:** AUBURNDALE, FL 33823 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** SHANNON CORMIER

S

01/29/2012

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

\_\_\_\_\_  
Date