

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009264

FILED
Mar 02, 2009
Secretary of State

Entity Name: ALCANIZ LOFTS AT ALCANIZ CENTRE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

108 SOUTH ALCANIZ STREET
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

21 S TARRAGONA
103
PENSACOLA, FL 32502

New Mailing Address:

FEI Number: 20-5465400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOGGINS III, INC.
21 S TARRAGONA ST
SUITE 103
PENSACOLA, FL 32502 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: DPT () Delete
Name: LOVELL, W. ADRIAN
Address: 880 NORTH REUS STREET
City-St-Zip: PENSACOLA, FL 32501

Title: VS () Delete
Name: CARSON, JOSEPH E
Address: 880 NORTH REUS STREET
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: LOVELL, VIRGINIA
Address: 880 NORTH REUS STREET
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: LOVELL, W. ADRIAN
Address: 21 S. TARRAGONA STREET, SUITE 102
City-St-Zip: PENSACOLA, FL 32501

Title: VS (X) Change () Addition
Name: CARSON, JOSEPH E
Address: 21 S. TARRAGONA STREET, SUITE 102
City-St-Zip: PENSACOLA, FL 32501

Title: D (X) Change () Addition
Name: LOVELL, VIRGINIA
Address: 21 S. TARRAGONA STREET, SUITE 102
City-St-Zip: PENSACOLA, FL 32501

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: DANNY A. ZIMMERN

RA

03/02/2009

Electronic Signature of Signing Officer or Director

Date