

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009302

FILED
Apr 19, 2012
Secretary of State

Entity Name: ALCANIZ CENTRE MASTER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

124 E. WRIGHT STREET
PENSACOLA, FL 32502

New Principal Place of Business:

316 S BAYLEN STREET
SUITE 300
PENSACOLA, FL 32502

Current Mailing Address:

P.O. BOX 901
PENSACOLA, FL 32591

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 C/O DANNY A. ZIMMERN
124 E. WRIGHT STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

BORISH, ILONA J
316 S BAYLEN STREET
SUITE 300
PENSACOLA, FL 32502 US

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: ILONA J BORISH

04/19/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: DVS
Name: CARSON, JOSEPH E
Address: 21 S. TARRAGONA STREET, SUITE 102
City-St-Zip: PENSACOLA, FL 32501

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

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: W. ADRIAN LOVELL

DPT

04/19/2012

Electronic Signature of Signing Officer or Director

Date