

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17112

FILED
Jan 20, 2005
Secretary of State

Entity Name: HOMEOWNERS ASSOCIATION OF ALLISON, INC.

Current Principal Place of Business:

6525 ALLISON RD.
MIAMI BEACH, FL 33141 US

New Principal Place of Business:

Current Mailing Address:

2742 BISCAYNE BLVD
MIAMI, FL 33137 US

New Mailing Address:

FEI Number: 65-0027637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELOFF, JONATHAN
6525 ALLISON RD.
MIAMI BEACH, FL 33141 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: PD () Delete
Name: BELOFF, JONATHAN
Address: 6525 ALLISON ROAD
City-St-Zip: MIAMI BEACH, FL

Title: VPD () Delete
Name: SCHWARTZ, ROBERT
Address: 6360 ALLISON RD.
City-St-Zip: MIAMI BEACH, FL

Title: STD () Delete
Name: ISAAC, MATZ
Address: 6550 ALLISON ROAD
City-St-Zip: MIAMI BEACH, FL

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JONATHAN BELOFF

PD

01/20/2005

Electronic Signature of Signing Officer or Director

Date