


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N17112 1. Entity Name HOMEOWNERS ASSOCIATION OF ALLISON, INC.	
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Principal Place of Business 6525 ALLISON RD. MIAMI BEACH, FL 33141 US	Mailing Address 2742 BISCAYNE BLVD MIAMI, FL 33137 US
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01152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0027637	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELOFF, JONATHAN
 6525 ALLISON RD.
 MIAMI BEACH, FL 33141

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$81.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000789849
 01/23/08-80011-002 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELOFF, JONATHAN 6525 ALLISON ROAD MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHWARTZ, ROBERT 6360 ALLISON RD. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ISAAC, MATZ 6550 ALLISON ROAD MIAMI BEACH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____ DATE: 1/16/08 _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR