

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000114012

1. Entity Name
ALPHA MORTGAGE ASSOCIATES, INC.



Principal Place of Business
45 PLAYERS CLUB VILLAS RD
PONTE VEDRA BEACH, FL 32082

Mailing Address
45 PLAYERS CLUB VILLAS RD
PONTE VEDRA BEACH, FL 32082



02242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1135365

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMITRANO, SOPHIA
45 PLAYERS CLUB VILLAS RD
PONTE VEDRA BEACH, FL 32082

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPTS
AMITRANO, SOPHIA
45 PLAYERS CLUB VILLAS RD
PONTE VEDRA BEACH, FL 32082

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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UD0000068209
02/27/04-80032-007 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sophia Amitrano

02/25/04 904-273-9689

Date Daytime Phone #