

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011612

**Entity Name:** ALEXANDER ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**165 ALEXANDER ESTATES DRIVE  
AUBURNDALE, FL 33823**Current Mailing Address:**PO BOX 884  
AUBURNDALE, FL 33823**FEI Number:** 20-2555923**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MUNSON, PETER  
CLARK CAMPBELL ATTORNEYS AT LAW  
500 S FLORIDA AVE., STE 800  
LAKELAND, FL 33801 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:** LINDSAY KING

03/22/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	NORMAN, BOB
Address	165 ALEXANDER ESTATES DRIVE
City-State-Zip:	AUBURNDALE FL 33823

Title	VP
Name	HOWARD, BERNIE
Address	228 ALEXANDER ESTATES DRIVE
City-State-Zip:	AUBURNDALE FL 33823

Title	T
Name	GEORGE, JOY
Address	185 ALEXANDER ESTATES
City-State-Zip:	AUBURNDALE FL 33823

Title	SECRETARY
Name	VACANT
Address	165 ALEXANDER ESTATES DRIVE
City-State-Zip:	AUBURNDALE FL 33823

Title	D
Name	PICKLE, BOB
Address	177 ALEXANDER ESTATES DR.
City-State-Zip:	AUBURNDALE FL 33823

Title	D
Name	PICKLE, DARLENE
Address	177 ALEXANDER ESTATES DRIVE
City-State-Zip:	AUBURNDALE FL 33823

Title	DIRECTOR
Name	MOLIN, PER
Address	184 ALEXANDER ESTATES DRIVE
City-State-Zip:	AUBURNDALE FL 33823

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:** JOY GEORGE**TREASURER**

03/22/2014

Electronic Signature of Signing Officer/Director Detail

Date