

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011612

Entity Name: ALEXANDER ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**128 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:**PETER MUNSON
500 SOUTH FLORIDA AVENUE
SUITE 530
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

01/26/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	TALUC, JOHN
Address	128 ALEXANDER ESTATES DRIVE
City-State-Zip:	AUBURNDALE FL 33823

Title	VP
Name	CORMIER, SHANNON
Address	129 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	S
Name	KING, LINDSAY
Address	448 OSCEOLA STREET
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	SHEFFIELD, RUSS
Address	402 OSCEOLA STREET
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: LINDSAY KING**TREASURER**

01/26/2013

Electronic Signature of Signing Officer/Director Detail

Date