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.

STD

SIGNATURE: ISAAC MATZ

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent **Officer/Director Detail :** חח T:41 -

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

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17112

Entity Name: HOMEOWNERS ASSOCIATION OF ALLISON, INC.

Current Principal Place of Business:

6525 ALLISON RD. MIAMI BEACH. FL 33141

Current Mailing Address:

2742 BISCAYNE BLVD MIAMI. FL 33137 US

FEI Number: 65-0027637

SIGNATURE:

Name and Address of Current Registered Agent:

| Title | PD | Title | VPD |
|-----------------|--------------------|-----------------|------------------|
| Name | BELOFF, JONATHAN | Name | SCHWARTZ, ROBERT |
| Address | 6525 ALLISON ROAD | Address | 6360 ALLISON RD. |
| City-State-Zip: | MIAMI BEACH FL | City-State-Zip: | MIAMI BEACH FL |
| | | | |
| | | | |
| Title | STD | | |
| Title Name | STD ISAAC, MATZ | | |
| | | | |
| Name | ISAAC, MATZ | | |

Certificate of Status Desired: No

FILED Jan 22, 2015 Secretary of State CC2188482454

> 01/22/2015 Date

Date