FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:01

DOCUMENT # 761056 (1)

1. Corporation Name

ALHAMBRA ONE CONDOMINIUM ASSOCIATION,INC.

Principal Place of Business	Mailing Address
1451 HAMMOND DR MIAMI SPRINGS FL 33166-0232	1451 HAMMOND DR MIAMI SPRINGS FL 33166-0232

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0214644 — Applied For / Not Applicable

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SAKHNOVSKY, NICHOLAS A.
1451 HAMMOND DR
MIAMI SPRINGS FL 33166-0232

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] A A SAKHNOVSKY — 4-17-95
DATE

12. OFFICERS AND DIRECTORS

Field	
TITLE	PD
NAME	SAKHNOVSKY,A.A.
STREET ADDRESS	1451 HAMMOND DR
CITY, ST, ZIP	MIAMI SPRINGS FL
TITLE	STD
NAME	SAKHNOVSKY, O R
STREET ADDRESS	1451 HAMMOND DR
CITY, ST, ZIP	MIAMI SPRINGS FL
TITLE	DV
NAME	VELAZQUEZ, A.M.
STREET ADDRESS	1701 W. 80TH ST.
CITY, ST, ZIP	HIALEAH FL
TITLE	D
NAME	ORBE, O
STREET ADDRESS	1645 W 42 ST APT 1
CITY, ST, ZIP	HIALEAH FL
TITLE	D
NAME	ORBE, I
STREET ADDRESS	1645 W 42 ST APT 1
CITY, ST, ZIP	HIALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field		Change	Addition
1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY, ST, ZIP		☐	☐
2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY, ST, ZIP		☐	☐
3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY, ST, ZIP		☐	☐
4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY, ST, ZIP		☐	☐
5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY, ST, ZIP	REMITTED DV [illegible]	☐	☐
6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY, ST, ZIP		☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] A. A. SAKHNOVSKY 4/17/95 5929222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043054