FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 12/22/1981
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: 65-0214644 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24: Country — 25:
Zip — 29: Country — 30:
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: A A SAKHNOVSKY — 3/23/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SAKHNOVSKY,A.A.		1.2 NAME	
STREET ADDRESS	1451 HAMMOND DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL		1.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SAKHNOVSKY, O R		2.2 NAME	
STREET ADDRESS	1451 HAMMOND DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL		2.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VELAZQUEZ, A.M.		3.2 NAME	
STREET ADDRESS	1701 W. 80TH ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ORBE, O		4.2 NAME	
STREET ADDRESS	1645 W 42 ST APT 1		4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ORBE, I		5.2 NAME	
STREET ADDRESS	1645 W 42 ST APT 1		5.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (12/95)

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: A A SAKHNOVSKY — 3-23-96 — 305/594-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #