
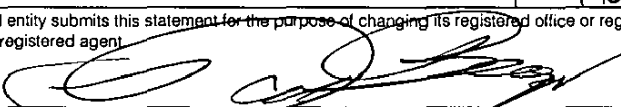
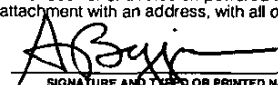


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90319 021 ****70.00

DOCUMENT # N01000003959 1. Entity Name ALHAMBRA PLACE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 209 N. BIRCH ROAD ATTN:FRONT DESK FORT LAUDERDALE, FL 33304			Mailing Address 209 N. BIRCH ROAD ATTN:FRONT DESK FORT LAUDERDALE, FL 33304		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 65-1113536				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERRY, DOUGLAS H 209 NW BIRCH ROAD FORT LAUDERDALE, FL 33304			7. Name and Address of New Registered Agent Name Donna D. Berger, Esq. Street Address (P.O. Box Number is Not Acceptable) 3111 Stirling Rd. City Hollywood FL Zip Code 33312-6525		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  4/22/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PERRY, DOUG 209 N BIRCH ROAD FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEZJIAN, ALEX 209 N. BIRCH RD #401 FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGENKAMP, H.J. 209 N BIRCH ROAD FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAPONZINA, JOHNNY 209 N. BIRCH RD #1102 FT. LAUDERDALE, FL 33304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT MCCRORY, WALTER 1512 E BROWARD BLVD STE 200 FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAY, BARBARA 209 N. BIRCH RD #902 FT. LAUDERDALE, FL 33304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEZJIAN, ALEX 209 N. BIRCH RD #401 FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ASKE, JANE 209 N. BIRCH RD. #501 FT. LAUDERDALE, FL 33304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Alex Bezjian 4/22/05 (954) 523-6893 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					