


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-17-2006 90131 004 ****61.25

DOCUMENT # N01000003959

1. Entity Name
ALHAMBRA PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

**209 N. BIRCH ROAD
ATTN:FRONT DESK
FORT LAUDERDALE FL 33304**

**209 N. BIRCH ROAD
ATTN:FRONT DESK
FORT LAUDERDALE FL 33304**

00007030



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number Applied For

65-1113536 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

**BERGER, DONNA D ESQ
3111 STIRLING RD
HOLLYWOOD FL 33312-6525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)

FILE NOW. FEE IS \$61.25. Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$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	V LAPONZINA, JOHNNY 209 N BIRCH RD, #1102 FORT LAUDERDALE FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Berger, Moe. 209 N. Birch Rd #602 Fort Lauderdale, FL 33304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAY, BARBARA 209 N BIRCH RD, #902 FORT LAUDERDALE FL 33304 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stoll Nelson 209 N. Birch Rd #80 Fort Lauderdale, FL 33304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ASHE, JANE 209 N BIRCH RD, #501 FORT LAUDERDALE FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wankman Sid 209 N. Birch Rd #702 Fort Lauderdale, FL 33304 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEZJIAN, ALEX 209 N. BIRCH RD #401 FORT LAUDERDALE FL 33304 <input checked="" 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
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 exemptions contained in Section 119, 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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

66007698

NO 1000003959

List Of Officers of Alhambra place

Title: President

Name: Moe Berger

Address: 209 N. Birch Rd. Apt 602, Ft Lauderdale, Fl, 33304

Title: Treasurer

Name: Nelson Stoll

Address: 209 N. Birch Rd. Apt # 801, Ft Lauderdale, Fl, 33304

Title: Vice-President

Name: LaPonzina Johnny

Address: 209 N. Birch Rd. Apt #1102, Ft. Lauderdale, Fl 33304

Title: Secretary

Name: Ashe Jane

Address: 209 N. Birch, Apt#501, Ft Lauderdale, Fl, 33304

Title: Director

Name: Sidney Workman

Address: 209 N. Birch, Apt#702, Ft Lauderdale, Fl, 33304