2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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FILED Feb 26, 2007 8:00 am

Secretary of State

02-26-2007 90064 017 ****61.25

ALHÁMBRA PLACE CONDOMINIUM ASSOCIATION, INC. 40063400 Principal Place of Business Mailing Address 209 N. BIRCH ROAD 209 N. BIRCH ROAD ATTN:FRONT DESK ATTN:FRONT DESK FORT LAUDERDALE, FL 33304 FORT LAUDERDALE, FL 33304 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02152007 CR2E037 (12/06) Chg-NP Applied For City & State City & State 4. FEI Number 65-1113536 Not Applicable Žip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERGER, DONNA D ESQ Street Address (P.O. Box Number is Not Acceptable) 3111 STIRLING RD HOLLYWOOD, FL 33312-6525 City 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 SIGNATURE DATE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. **⊠** Delete TITLE TITLE BARNETT, JOSEPH 209 N. BIRCH RD # 1001 LAPONZINA, JOHNNY NAME NAME 209 N BIRCH RD, #1102 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33304 CITY-ST-ZIP FT LAUDERDACE PE 33004 CITY-ST-ZIP **☑** Delete TITLE ☐ Addition STALL, NECSON 209 N. BIECHED #801 NELSON, STALL NAME NAME 209 N BIRCH RD 801 STREET ADDRESS STREET ADDRESS FORT LANDERSALF, EC 33304 CITY-ST-ZIP FORT LAUDERDALE, FL 33304 CITY-ST-ZIP TITLE **Delete** TITLE WORKMAN, SID 209 N. BIRCH. KIS # 202 ASHE, JANE NAME NAME STREET ADDRESS 209 N BIRCH RD, #501 STREET ADDRESS FORT LAUDERDALE, FL 33304 CITY-ST-7IP FORT LOUISIR DAE FR 37304 CITY-ST-ZIP TITLE TITLE Delete BERGER, MOE NAME STREET ADDRESS 209 N BIRCH RD 602 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33304 CITY-ST-ZIP TACKMAN, STEPHEN TITLE ☐ Delete Change X Addition 209 N. BIKCH RD # 110 NAME NAME STREET ADDRESS STREET ADDRESS FORT CAUDERDACE, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 by execute this report as required by Chapter 61). Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all ther like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR