2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N01000003959

FILED Sep 11, 2007 Secretary of State

Entity Name: ALHAMBRA PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

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

New Mailing Address: Current Mailing Address:

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

FEI Number: 65-1113536 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BERGER, DONNA D ESQ 3111 STIRLING RD HOLLYWOOD, FL 333126525 US

OFFICERS AND DIRECTORS:

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete LAPONZINA, JOHNNY BARNETT, R JOSEPH Name: Name: Address:

209 N BIRCH RD, #1102 Address: 209 N BIRCH RD, #1001 City-St-Zip: FORT LAUDERDALE, FL 33304 City-St-Zip: FORT LAUDERDALE, FL 33304

Title: Title: (X) Change () Addition () Delete NELSON, STALL Name: WORKMAN, SIDNEY Name:

Address: 209 N BIRCH RD 801 Address: 209 N BIRCH RD 702 City-St-Zip: FORT LAUDERDALE, FL 33304 City-St-Zip: FORT LAUDERDALE, FL 33304

Title: Title: (X) Change () Addition () Delete ASHE, JANE HURY, HANK Name: Name:

209 N BIRCH RD, #501 209 N BIRCH RD, #1202 Address: Address:

City-St-Zip: FORT LAUDERDALE, FL 33304 City-St-Zip: FORT LAUDERDALE, FL 33304 Title: DΡ () Delete Title: D (X) Change () Addition

Name: BERGER, MOE Name: JAY. DAVID 209 N BIRCH RD#902 Address: 209 N BIRCH RD 602 Address:

City-St-Zip: FORT LAUDERDALE, FL 33304 City-St-Zip: FORT LAUDERDALE, FL 33304

Title: () Delete Title: () Change (X) Addition

JACKMAN, STEPHEN Name: Name: 209 B BIRCH RD #1101 Address: Address: FORT LAUDERDALE, FL 33304 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIDNEY WORKMAN **TREA** 09/11/2007