

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 07, 2009
Secretary of State

DOCUMENT# N01000003959

Entity Name: ALHAMBRA PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

POLIAKOFF, GARY A ESQ
3111 STIRLING RD
HOLLYWOOD, FL 333126525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BARNETT, R JOSEPH
Address: 209 N BIRCH RD, #1001
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: T () Delete
Name: WORKMAN, SIDNEY
Address: 209 N BIRCH RD 702
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D () Delete
Name: HURY, HANK
Address: 209 N BIRCH RD, #1202
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D () Delete
Name: JAY, DAVID
Address: 209 N BIRCH RD#902
City-St-Zip: FORT LAUDERDALE, FL 33304

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: JAY, DAVID
Address: 209 N BIRCH RD, #902
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GREGORY, THOMAS
Address: 209 N BIRCH RD#1002
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: () Change () Addition
Name:
Address:
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: DAVID JAY

DP

05/07/2009

Electronic Signature of Signing Officer or Director

_____ Date