

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91461 009 ****61.25

DOCUMENT # N01000003959

1. Entity Name
ALHAMBRA PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**209 N. BIRCH ROAD
#402
FORT LAUDERDALE FL 33304**

Mailing Address

**209 N. BIRCH ROAD
#402
FORT LAUDERDALE FL 33304**

2. Principal Place of Business

209 NORTH BIRCH RD

3. Mailing Address

209 NORTH BIRCH ROAD

Suite, Apt. #, etc.

ATT: FRONT DESK

Suite, Apt. #, etc.

ATT: FRONT DESK

City & State

FORT LAUDERDALE, FL.

City & State

FORT LAUDERDALE, FL.

Zip
33304

Country
U.S.A.

Zip
33304

Country
U.S.A.

4. FEI Number **65-1113536**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

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

209 N BIRCH ROAD

City

FORT LAUDERDALE, FL

Zip Code

33304

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE **DP** ☒ Delete
NAME **LONG, SUSAN**
STREET ADDRESS **1700 E. LAS OLAS BLVD., PH 2**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **DVT** ☒ Delete
NAME **LONG, PHIL**
STREET ADDRESS **1700 E. LAS OLAS BLVD., PH 2**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **DP** ☐ Delete
NAME **PERRY, DOUG**
STREET ADDRESS **209 N. BIRCH ROAD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition
NAME **PERRY, DOUG**
STREET ADDRESS **209 N. BIRCH ROAD**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33304**

TITLE **D** ☐ Change ☒ Addition
NAME **H. J. LANGSENKAMP**
STREET ADDRESS **209 N. BIRCH ROAD**
CITY-ST-ZIP **FT LAUDERDALE, FL 33304**

TITLE **DVT** ☐ Change ☒ Addition
NAME **MCCORMY, WALTER**
STREET ADDRESS **1512 E. BROWARD BLVD, SUITE 200**
CITY-ST-ZIP **FT LAUDERDALE, FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

DOUGLAS H. PERRY

4/14/03 (954) 264-2665

CR2E037 (10/02)