

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004580

1. Entity Name:
ALHAMBRA HOMEOWNERS ASSOCIATION, INC.

FILED

01 APR 24 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: C/o Miami Management Inc., 1189 Sawgrass Corp. Pkwy., Sunrise, FL 33323
Mailing Address: 1189 Sawgrass Corp. Pkwy., Sunrise, FL 33323

600004193526-7

-05/11/01--01001--024

****236.25 ****236.25

REINSTATEMENT 00-01

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|----------------------------------|--|---|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 65-0737586 | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |
| | Broward | | Broward | | | | |

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: Edward P. Kreiling, P.A.
 Street Address (P.O. Box Number is Not Applicable): 2500 Weston Road
Suite 200
 City: Weston FL Zip Code: 33331

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/01

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to:
Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOPEZ, CARLOS <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Angelo Castillo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1189 Sawgrass Corp Pkwy Sunrise, FL 33323 LS |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FRIED, URI <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP Steve Dakesian <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1189 Sawgrass Corp. Pkwy. Sunrise, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHACK, MICHAEL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT Bruce Whitten <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1189 Sawgrass Corp. Pkwy. Sunrise, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete D Jim Holzshuh <input checked="" type="checkbox"/> Addition 1189 Sawgrass Corp. Pkwy. Sunrise, FL 33323 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Angel Moraga <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1189 Sawgrass Corp. Pkwy. Sunrise, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete D 600004193526-7 -05/11/01--01001--024 ****236.25 ****236.25 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Steve Pollack <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1189 Sawgrass Corp. Pkwy Sunrise, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Andy Gonzalez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1189 Sawgrass Corp. Pkwy. Sunrise, FL 33323 |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

4/16/01 954-846-7545

CR2E037 (11/00)