
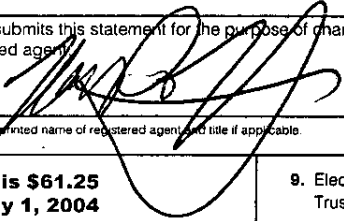
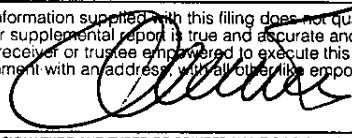


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91024 026 ****61.25

DOCUMENT # N96000004580			
1. Entity Name ALHAMBRA HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business % MIAMI MANAGEMENT INC 1145 SAWGRASS CORP. PARKWAY SUNRISE, FL 33323		Mailing Address % MIAMI MANAGEMENT INC 1145 SAWGRASS CORP. PARKWAY SUNRISE, FL 33323	
2. Principal Place of Business 12505 Orange Drive		3. Mailing Address 12505 Orange Drive	
Suite, Apt. #, etc. Suite #906		Suite, Apt. #, etc. Suite #906	
City & State Davie, FL		City & State Davie, FL	
Zip 33330	Country	Zip 33330	Country
4. FEI Number 65-0737586		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KREILING, EDWARD P 2500 WESTON ROAD STE. 220 WESTON, FL 33331		Name Poffenbarger, Mark Street Address (P.O. Box Number is Not Acceptable) c/o Century Management Services, Inc. 12505 Orange Drive, Suite #906 City Davie, FL Zip Code 33330	
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 		DATE 3-31-04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME CASTILLO, ANGELO STREET ADDRESS 1145 SAWGRASS CORP. PARKWAY CITY-ST-ZIP SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE DRINK ROWAN NAME DRINK ROWAN STREET ADDRESS 585 SW 198 Terrace CITY-ST-ZIP Pembroke Pines, FL 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DVP NAME DAKESIAN, STEVE STREET ADDRESS 1145 SAWGRASS CORP. PARKWAY CITY-ST-ZIP SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE DVP NAME Steve Dakesian STREET ADDRESS 405 S.W. 198 Terrace CITY-ST-ZIP Pembroke Pines, FL 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HARRISON, CHARLES STREET ADDRESS 1145 SAWGRASS CORP. PARKWAY CITY-ST-ZIP SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE T NAME Charles Harrison STREET ADDRESS 19867 S.W. 7 Place CITY-ST-ZIP Pembroke Pines, FL 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT NAME IBER, ALBERTO STREET ADDRESS 1145 SAWGRASS CORP. PARKWAY CITY-ST-ZIP SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete	TITLE PD NAME John Redinger STREET ADDRESS 19930 S.W. 5 Court CITY-ST-ZIP Pembroke Pines, FL 33029	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME TOMBLEY, ED STREET ADDRESS 1145 SAWGRASS CORP. PARKWAY CITY-ST-ZIP SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE D NAME Ed Tombley STREET ADDRESS 19880 S.W. 3 Place CITY-ST-ZIP Pembroke Pines, FL 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DS NAME KHALEEL, RORY STREET ADDRESS 1145 SAWGRASS CORP. PARKWAY CITY-ST-ZIP SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE SD NAME Khaleel, Rory STREET ADDRESS 19862 S.W. 7 Place CITY-ST-ZIP Pembroke Pines, FL 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 3-1-04 Daytime Phone # 954-424-6353	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	