


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90176 043 \*\*\*\*61.25

<b>DOCUMENT # N96000004580</b>					
1. Entity Name ALHAMBRA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 12505 ORANGE DR. STE. 906 DAVIE, FL 33330			Mailing Address 12505 ORANGE DR. STE. 906 DAVIE, FL 33330		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0737586	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
POFFENBARGER, MARK C/O CENTURY MGMT. SVCS., INC. 12505 ORANGE DR., STE. 906 DAVIE, FL 33330			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROWAN, RICK	NAME		585 SW 198th Terrace	
STREET ADDRESS	858 SW 198 TERR.	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAKESIAN, STEVEN	NAME			
STREET ADDRESS	405 SW 198 TERR.	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARRISON, CHARLES	NAME			
STREET ADDRESS	19867 SW 7 PLACE	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REDINGER, JOHN	NAME			
STREET ADDRESS	19930 SW 5 CT.	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOMBLEY, ED	NAME			
STREET ADDRESS	19880 SW 3 PLACE	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KHALEEL, RORY	NAME			
STREET ADDRESS	19862 SW 7 PLACE	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	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: <i>John Redinger</i>		JOHN REDINGER		2/24/05 305 716 7607	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT

40025308

ALHAMBRA HOMEOWNERS ASSOCIATION, INC.  
DOCUMENT # N9600004580

D  
KEVIN HUBBARD  
570 SW 198<sup>TH</sup> TERRACE  
PEMBROKE PINES, FL 33029