2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 23, 2006 8:00 am Secretary of State

DOCUMENT # N96000004580 1. Entity Name ALHAMBRA HOMEOWNERS ASSOCIATION, INC.				08-23-2006 90001 002 ****61.25	
12505 ORANGE DR. 1250 STE. 906 STE.		Mailing Address 12505 Orange Dr. STE. 906 DAVIE, FL 33330		\$ 160 min 1016 (4 m 0 m 1016)	50026069
12933 2M 22 01 139		3. Mailing Address によるするい	taz		
本 / / 8 本		Suite, Apt. #, etc.		07252006 Chg-NP	CR2E037 (4/06)
Coopercity Coo		City & State	FC	4. FEI Number 65-0737586	Applied For Not Applicable
^{Zip} პ პ პ	30 Sountry	33330	Country	5. Certificate of Status Des	sired Sa.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent					
DAVIE, FL 33330				ss (P.O. Box Number is Not Acco	
Copped				000000	FL 型プススへ
the obligat	Signature, typed or printed name of registered agent a Filling Fee Is \$61.25 ue by September 6, 2006		egistered Agent signature rec		DATE Make check payable to Florida Department of State
10.	OFFICERS AND DIF	ECTORS	11.	ADDITIONS (CHANCES TO C	EEICEDS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWAN, RICK 585 SW 198TH TERRACE PEMBROKE PINES, FL 33029	: Delete	ITTLE NAME STREET ADDRESS CITY-ST-ZIP O	IAN BEHLAN	FFICERS AND DIRECTORS IN 10 Change PAddition PLACE F. F. 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAKESIAN, STEVEN 405 SW 198 TERR. PEMBROKE PINES, FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. COL DANSIA	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	VP HARRISON, CHARLES 19867 SW 7 PLACE PEMBROKE PINES, FL 33029	Delcto ~	NAME STREET ADDRESS CITY-ST-ZIP)	Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REDINGER, JOHN 19930 SW 5 CT. PEMRBOKE PINES, FL 33029	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME	T TOMBLEY, ED	☐ Delete	TITLE STREET ADDRESS	sec .	Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

SD

KHALEEL, RORY

19862 SW 7 PLACE

PEMBROKE PINES, FL 33029

PEMRBOKE PINES, FL 33029

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

7-27-06

PENBOOKE PINES, FI 33029

MICHAEL LAWLOT

424-6353

Addition

Daytime Phone #