


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90078 017 ****61.25

DOCUMENT # N96000004580
 1. Entity Name
 ALHAMBRA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 12233 SW 55 ST.
 #811
 COOPER CITY, FL 33330

Mailing Address
 12233 SW 55 ST.
 #811
 COOPER CITY, FL 33330

2. Principal Place of Business - No P.O. Box #
 12233 SW 55th St.

3. Mailing Address
 12233 SW 55th St.

Suite, Apt. #, etc.
 Suite 811

Suite, Apt. #, etc.
 Suite 811

City & State
 Cooper City FL

City & State
 Cooper City FL


Zip
 33330

Country
 USA

Zip
 33330

Country
 USA

40020100



02222007 Chg-NP CR2E037 (12/06)

4. FEI Number
 65-0737586

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POFFENBARGER, MARK
 C/O CENTURY MGMT. SVCS., INC.
 12233 SW 55TH STREET #811
 COOPER CITY, FL 33330

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Filing Fee is \$61.25 Due by May 1, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME ROWAN, RICK STREET ADDRESS 585 SW 198TH TERRACE CITY-ST-ZIP PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete	TITLE Secretary NAME Gerald Klonaridy STREET ADDRESS 19927 SW 3rd Place CITY-ST-ZIP Pembroke Pines, FL 33029	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VO NAME DAKESIAN, STEVEN STREET ADDRESS 405 SW 198 TERR. CITY-ST-ZIP PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete	TITLE Treasurer NAME alon Behr STREET ADDRESS 19881 SW 7th Place CITY-ST-ZIP Pembroke Pines, FL 33029	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME HARRISON, CHARLES STREET ADDRESS 19867 SW 7 PLACE CITY-ST-ZIP PEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/> Delete	TITLE Director NAME Carmen Velasquez STREET ADDRESS 201 SW 198th Terrace CITY-ST-ZIP Pembroke Pines, FL 33029	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME REDINGER, JOHN STREET ADDRESS 19930 SW 5 CT. CITY-ST-ZIP PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME TOMBLEY, ED STREET ADDRESS 19880 SW 3 PLACE CITY-ST-ZIP PEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/> Delete	TITLE DIRECTOR NAME TOMBLEY, ED STREET ADDRESS 19880 SW 3 Place CITY-ST-ZIP PEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:  3/29/07 954261 7780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #