


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90012 050 ****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 #	3. Mailing Address	



Century Management Services, Inc. Century Management Services, Inc.
 1495 North Park Drive 1495 North Park Drive
 Weston, Florida 33326 Weston, Florida 33326

1182008 Chg-NP CR2E037 (12/06)

FEI Number 65-0737586	Applied For <input type="checkbox"/> Not Applicable
--------------------------	--

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 Century Management Services, Inc. 1495 North Park Drive Weston, Florida 33326 L 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 _____

Filing Fee is \$61.25 Due by May 1, 2008	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 NAME STREET ADDRESS CITY-ST-ZIP	D ROWAN, RICK 585 SW 198TH TERRACE PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tres. ALAN Behr 19881 SW 7th Place Pembroke Pines, FL 33029 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO DAKESIAN, STEVEN 405 SW 198 TERR. PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELASQUEZ, CARMEN 201 SW 198TH TERR PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REDINGER, JOHN 19930 SW 5 CT. PEMBROKE PINES, FL 33029 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Barry Mish 570 SW 198th Terr. Pembroke Pines, FL 33029 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMBLEY, ED 19880 SW 3 PLACE PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KIONARIDY, GERALD 19927 SW 3RD PL PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Klonarides, Gerald <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 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: _____ Date: 1/23/08 Daytime Phone # _____