2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004580

FILED Mar 21, 2011 Secretary of State

Entity Name: ALHAMBRA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O PINES PROPERTY MANAGEMENT 19620 WEST PINES BLVD., SUITE 205 PEMBROKE PINES, FL 33029 US

Current Mailing Address: New Mailing Address:

C/O PINES PROPERTY MANAGEMENT P. O. BOX 820100 SOUTH FLORIDA, FL 33082 US

FEI Number: 65-0737586 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAWRENCE D. BACHE, ESQ 9000 W. SHERIDAN ST. #174

PEMBROKE PINES, FL 33024 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP

Name: ROWAN, RICK Address: 585 SW 198 TERR.

City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: F

Name: CASTILLO, LISA Address: 455 SW 200TH TERR.

City-St-Zip: PEMBROKE PINES, FL 33029 US

Title:

Name: COLLAZO, SONIA Address: 362 SW 200TH TERR

City-St-Zip: PEMBROKE PINES, FL 33029 US

Title:

Name: ROWE, ELAINE Address: 19905 SW 5TH CT

City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: 5

Name: ACEVEDO, JUANITA Address: 415 SW 200 TERR

City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: [

Name: EAGAN, NELL Address: 19894 SW 3RD PL

City-St-Zip: PEMBROKE PINES, FL 33029 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LISA CASTILLO P 03/21/2011