

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 16 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22627 (6)
1. Corporation Name
THE ALHAMBRA NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O UNGERMANN P.O. BOX 395 JUPITER FL 33408-0395
C/O UNGERMANN P.O. BOX 395 JUPITER FL 33408-0395

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/23/1987 3a. Date of Last Report 05/01/1994
4. FEI Number 59-2455340 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

METCALF, RICHARD M
725 N A1A
STE. #E-104
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KINDER, RANDOLYN J.
STREET ADDRESS	5695 PENNOCK PT. RD.
CITY - ST - ZIP	JUPITER FL
TITLE	VD
NAME	BURKE, LEN
STREET ADDRESS	725 N A1A, SUITE D-105
CITY - ST - ZIP	JUPITER FL
TITLE	STD
NAME	DOVE, HELEN
STREET ADDRESS	725 A1A NORTH, SUITE 110
CITY - ST - ZIP	JUPITER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	VD
2.3 STREET ADDRESS	WILLIAM PITTS
2.4 CITY - ST - ZIP	725 N A1A, SUITE A-101
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	STD
3.3 STREET ADDRESS	CLAUDETTE GUINN
3.4 CITY - ST - ZIP	725 N A1A SUITE B-108
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

Randolyn J. Kinder
RANDOLYN J. KINDER

3-13-95

Date

Daytime (Area #)