

FILE NOW: FILING FEE 1.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N22628** (4)
1. Corporation Name
THE ALHAMBRA SOUTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O UNGERMANN
P.O. BOX 395
JUPITER FL 33468-0395**

Mailing Address
**C/O UNGERMANN
P.O. BOX 395
JUPITER FL 33468-0395**

3. Date Incorporated or Qualified **09/23/1987** 3a. Date of Last Report **03/16/1995**

2. Principal Place of Business
21 **WALTER UNGERMANN**
Suite, Apt. #, etc.
22 **P.O. BOX 395**
City & State
23 **JUPITER FL**
Zip
24 **33468**

2a. Mailing Address
26 **WALTER UNGERMANN**
Suite, Apt. #, etc.
27 **P.O. BOX 395**
City & State
28 **JUPITER FL**
Zip
29 **33468**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**METCALF, RICHARD M.
725 N A1A
STE. E-108
JUPITER FL 33477**

10. Name and Address of New Registered Agent
81 Name **CLAUDETTE GUINN**
82 Street Address (P.O. Box Number is Not Acceptable) **725 N. A1A STE E108**
83
84 City **JUPITER, FL** 85 Zip Code **33477**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Claudette Guinn* **CLAUDETTE GUINN** 4/30/96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KINDER, RANDOLYN J.	
STREET ADDRESS	5695 PENNOCK PT. RD.	
CITY-ST-ZIP	JUPITER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PITTS, WILLIAM	
STREET ADDRESS	725 N A1A, SUITE A-101	
CITY-ST-ZIP	JUPITER FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GUINN, CLAUDETTE	
STREET ADDRESS	725 N A1A, SUITE E-108	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	WALTER UNGERMANN	
13 STREET ADDRESS	P.O. BOX 395 / 725 N A1A, STE D-10	
14 CITY-ST-ZIP	JUPITER, FL 33468	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Claudette Guinn* **CLAUDETTE GUINN** 4/30/96 575-0856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2637 (12/95)