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**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90110 020 \*\*\*\*61.25

0027657

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N46741**

1. Corporation Name

**ONE ALHAMBRA CIRCLE CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business

ONE ALHAMBRA CIRCLE  
 #608  
 CORAL GABLES FL 33134  
 US

Mailing Address

ONE ALHAMBRA CIRCLE  
 #608  
 CORAL GABLES FL 33134  
 US

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/09/1992

4. FEI Number

65-0357144

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

9. Name and Address of Current Registered Agent

GOUDIE, EILEEN M.  
 1 ALHAMBRA CIR.  
 #608  
 CORAL GABLES FL 33134

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 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

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 ☐ DELETE

NAME LAGOMASINO, MARIA  
 STREET ADDRESS 1 ALHAMBRA CIR., #602  
 CITY-ST-ZIP CORAL GABLES FL

TITLE SD ☒ DELETE

NAME DUBREUIL, MARGARITA  
 STREET ADDRESS 1 ALHAMBRA CIR., #303  
 CITY-ST-ZIP CORAL GABLES FL

TITLE TD ☐ DELETE

NAME LEONOR, MEZCUA R  
 STREET ADDRESS 1 ALHAMBRA CIRCLE #608  
 CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

SD  
 Joseph Fadel  
 1 Alhambra Cir. #407  
 Coral Gables, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

*Eileen M. Goudie*  
 Eileen M. Goudie  
 Resident Agent & Manager

1-9-99 304-444-0191

Date

Daytime Phone #

CR2E037 (11/98)