

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003959

**Entity Name:** ALHAMBRA PLACE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 10, 2017**  
**Secretary of State**  
**CC9655064304**

**Current Principal Place of Business:**

209 N. BIRCH ROAD  
ATTN:FRONT DESK  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

209 N. BIRCH ROAD  
ATTN:FRONT DESK  
FORT LAUDERDALE, FL 33304

**FEI Number: 65-1113536**

**Certificate of Status Desired: Yes**

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

BECKER & POLIAKOFF, P.A.  
1 EAST BROWARD BLVD., SUITE 1800  
FT. LAUDERDALE, FL 33301 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

**Officer/Director Detail :**

Title P  
Name NOVICK, JIM  
Address 209 N BIRCH RD  
City-State-Zip: FORT LAUDERDALE FL 33304

Title T  
Name STAMATAKIS, MANNY  
Address 209 N BIRCH RD  
City-State-Zip: FORT LAUDERDALE FL 33304

Title S  
Name HURY, HANK  
Address 209 N BIRCH RD  
City-State-Zip: FORT LAUDERDALE FL 33304

Title D  
Name GIORDANO, DENNIS D  
Address 209 N BIRCH RD  
City-State-Zip: FORT LAUDERDALE FL 33304

Title D  
Name MARK, ROSSI D  
Address 209 B BIRCH RD  
1501  
City-State-Zip: FORT LAUDERDALE FL 33304

*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: JIM NOVICK**

**PRESIDENT**

**01/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date