

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 27, 2016
Secretary of State
CC2586820632

Entity Name: ALHAMBRA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O THE CAPIN GROUP
14160 PALMETTO FRONTAGE ROAD SUITE 33
MIAMI LAKES, FL 33016

Current Mailing Address:

C/O THE CAPIN GROUP
14160 PALMETTO FRONTAGE ROAD SUITE 33
MIAMI LAKES, FL 33016 US

FEI Number: 65-0737586

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRANK PEREZ-SIAM, P.A.
7001 SW 87TH COURT
MIAMI, FL 33173 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: DANIEL LOPEZ

04/27/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name TOMBLEY, ED
Address C/O THE CAPIN GROUP
 14160 PALMETTO FRONTAGE ROAD
 SUITE 33
City-State-Zip: MIAMI LAKES FL 33016

Title DIRECTOR
Name GONZALEZ, FELINA
Address C/O THE CAPIN GROUP
 14160 PALMETTO FRONTAGE ROAD
 SUITE 33
City-State-Zip: MIAMI LAKES FL 33016

Title DIRECTOR
Name COLLAZO, SONIA
Address C/O THE CAPIN GROUP
 14160 PALMETTO FRONTAGE ROAD
 SUITE 33
City-State-Zip: MIAMI LAKES FL 33016

Title TREASURER
Name DILLEHAY, SHANNON
Address C/O THE CAPIN GROUP
 14160 PALMETTO FRONTAGE ROAD
 SUITE 33
City-State-Zip: MIAMI LAKES FL 33016

Title SECRETARY
Name RODRIGUEZ, NANCY
Address C/O THE CAPIN GROUP
 14160 PALMETTO FRONTAGE ROAD
 SUITE 33
City-State-Zip: MIAMI LAKES FL 33016

Title VP
Name ACEVEDO, LOUANNE
Address C/O THE CAPIN GROUP
 14160 PALMETTO FRONTAGE ROAD
 SUITE 33
City-State-Zip: MIAMI LAKES FL 33016

Title DIRECTOR
Name KLONORIDES, HELEN
Address C/O THE CAPIN GROUP
 14160 PALMETTO FRONTAGE ROAD
 SUITE 33
City-State-Zip: MIAMI LAKES FL 33016

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: ED TOMBLEY

PRESIDENT

04/27/2016

Electronic Signature of Signing Officer/Director Detail

Date