

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000004580

**FILED**  
**Jun 14, 2013**  
**Secretary of State**  
**CC1159498950**

**Entity Name:** ALHAMBRA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O PINES PROPERTY MANAGEMENT  
6941 SW 196 AVE SUITE 27  
PEMBROKE PINES, FL 33332

**Current Mailing Address:**

C/O PINES PROPERTY MANAGEMENT  
P. O. BOX 820100  
SOUTH FLORIDA, FL 33082 US

**FEI Number: 65-0737586**

**Certificate of Status Desired: No**

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

STEVEN REED COHEN, P.A.  
5599 S. UNIVERSITY DRIVE  
STE 303  
DAVIE, FL 33328 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 VP  
Name REIDINGER, JOHN  
Address C/O PINES PROPERTY MANAGEMENT  
6941 SW 196 AVE SUITE 27  
City-State-Zip: PEMBROKE PINES FL 33332

Title P  
Name CASTILLO, LISA  
Address C/O PINES PROPERTY MANAGEMENT  
6941 SW 196 AVE SUITE 27  
City-State-Zip: PEMBROKE PINES FL 33332

Title D  
Name COLLAZO, SONIA  
Address C/O PINES PROPERTY MANAGEMENT  
6941 SW 196 AVE SUITE 27  
City-State-Zip: PEMBROKE PINES FL 33332

Title D  
Name RODRIGUEZ, NANCY  
Address C/O PINES PROPERTY MANAGEMENT  
6941 SW 196 AVE SUITE 27  
City-State-Zip: PEMBROKE PINES FL 33332

Title S  
Name ACEVEDO, JUANITA  
Address C/O PINES PROPERTY MANAGEMENT  
6941 SW 196 AVE SUITE 27  
City-State-Zip: PEMBROKE PINES FL 33332

Title T  
Name BEHR, ALAN  
Address C/O PINES PROPERTY MANAGEMENT  
6941 SW 196 AVE SUITE 27  
City-State-Zip: PEMBROKE PINES FL 33332

Title D  
Name VELASQUEZ, CARMEN  
Address C/O PINES PROPERTY MANAGEMENT  
6941 SW 196 AVE SUITE 27  
City-State-Zip: PEMBROKE PINES FL 33332

*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: LISA CASTILLO**

**P**

**06/14/2013**

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

\_\_\_\_\_  
Date