


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 718369
 1. Entity Name
 ALHAMBRA VILLAS HOME OWNERS ASSOCIATION, INC.



Principal Place of Business
 149 N. HILL AVE
 DELAND, FL 32724

Mailing Address
 PO BOX 1619
 DELAND, FL 32721

DO NOT WRITE IN THIS SPACE



04072008 No Chg-NP CR2E037 (4/08)

4. FEI Number 59-1507987	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIGHAM, WILLIAM
 187 N. HILL AVE
 DELAND, FL 32724

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$81.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U000000896640
 04/25/08-80016-001 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HESS, LINDA 11 COLOMBA RD DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMERSON, MARVIN R. 251 N HILL AVENUE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WESTERVELT, DICK 239 N. HILL AVE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TODD, WARREN 237 N HILL AVENUE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SINGLETON, JOHN 149 N. HILL AVE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Hess 4-10-08 386-216-4647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #