2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 718369

Entity Name: ALHAMBRA VILLAS HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

149 N. HILL AVE
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

PO BOX 1619
DELAND, FL 32721

New Mailing Address:

FEI Number: 59-1507987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	DT	( ) Delete
Name:	HESS, LINDA	
Address:	11 COLOMBA RD	
City-St-Zip:	DEBARY, FL 32713	
Title:	D	(X) Delete
Name:	EMERSON, MARVIN R.	
Address:	251 N HILL AVENUE	
City-St-Zip:	DELAND, FL 32724	
Title:	DS	( ) Delete
Name:	WESTERVELT, DICK	
Address:	239 N. HILL AVE	
City-St-Zip:	DELAND, FL 32724	
Title:	D	( ) Delete
Name:	TODD, WARREN	
Address:	237 N HILL AVENUE	
City-St-Zip:	DELAND, FL 32724	
Title:	VPD	( ) Delete
Name:	SINGLETON, JOHN	
Address:	149 N. HILL AVE	
City-St-Zip:	DELAND, FL 32724	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LINDA HESS DS 04/29/2009

Electronic Signature of Signing Officer or Director — Date