

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 10 PM 2:00

DOCUMENT # 739851 (4)

1. Corporation Name

ALHAMBRA CLUB MANAGEMENT, INC.

Principal Place of Business

Mailing Address

% FLORIDA MGMNT
P.O. BOX 73
ORLANDO FL 32802

% FLORIDA MGMNT
P.O. BOX 73
ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

08/05/1977

3a. Date of Last Report

09/14/1994

4. FEI Number

58-1847015

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

FLORIDA MANAGEMENT SERVICES
918 BRADSHAW TERR.
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE

Janita Bailey
Signature, typed or printed name of registered agent and title if applicable.

Janita Bailey
(NOTE: Registered Agent signature required when reappointing)

2/3/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	O'DELL, FRED
STREET ADDRESS	2225 W. HOLDEN AVE. UNIT 208
CITY - ST - ZIP	ORLANDO FL 32839
TITLE	V
NAME	WAGNER, BEN
STREET ADDRESS	4575 S. TEXAS AVE. UNIT 108
CITY - ST - ZIP	ORLANDO FL 32839
TITLE	DS
NAME	NAUL, CAROLYN
STREET ADDRESS	2225 W. HOLDEN AVE. UNIT 109
CITY - ST - ZIP	ORLANDO FL 32839
TITLE	T
NAME	MILLER, PATTY
STREET ADDRESS	2225 W. HOLDEN AVE. UNIT 302
CITY - ST - ZIP	ORLANDO FL 32839
TITLE	AT
NAME	KIRBY, GEORGE
STREET ADDRESS	2225 W. HOLDEN AVE. UNIT 308
CITY - ST - ZIP	ORLANDO FL 32839
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARY CLARK	
1.3 STREET ADDRESS	2225 W. HOLDEN #105	
1.4 CITY - ST - ZIP	ORLANDO, FL 32839	
2.1 TITLE	VPS VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MS. JOANNE CALUB	
2.3 STREET ADDRESS	FRED O'DELL	
2.4 CITY - ST - ZIP	2225 W. HOLDEN #208 ORLANDO, FL 32839	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOANNE CALUB	
3.3 STREET ADDRESS	4575 S. TEXAS W 305	
3.4 CITY - ST - ZIP	ORL, FL 32839	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Carolyn Naul	
4.3 STREET ADDRESS	4575 S. TEXAS AVE # 210	
4.4 CITY - ST - ZIP	ORL, FL 32839	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GEORGE KIRBY	
5.3 STREET ADDRESS	2225 W. HOLDEN # 308	
5.4 CITY - ST - ZIP	ORL, FL 32839	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Combs Clark*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/95 407-851-1378
DATE TELEPHONE #