

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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	
2. Principal Place of Business		3a. Date of Last Report	
21 52 E. South Street		08/05/1977	
22 Suite, Apt. #, etc.		3b. Date of Last Report	
23 Orlando, Fl		02/10/1995	
24 Zip 32801		4. FEI Number	
25 Country Orange		58-1847015	
26 52 E. South Street		Applied For	
27 Suite, Apt. #, etc.		Not Applicable	
28 Orlando, Fl		5. Certificate of Status Desired	
29 Zip 32801		<input type="checkbox"/> \$8.75 Additional Fee Required	
30 Country Orange		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
FLORIDA MANAGEMENT SERVICES 918 BRADSHAW TERR. ORLANDO FL 32806		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent			
81 Name		Don Asher & Associates, Inc.	
82 Street Address (P.O. Box Number is Not Acceptable)		52 E. South Street	
83			
84 City		Orlando	
85 Zip Code		FL 32801	

11. Pursuant to the provisions of Sections 617.002 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Michael L. Rendle* DATE: 4/8/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, MARK	1.2 NAME	Rendle, Bill
STREET ADDRESS	2225 W. HOLDEN #105	1.3 STREET ADDRESS	2225 W. Holden Avenue #107A
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32839
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DELL, FRED	2.2 NAME	
STREET ADDRESS	2225 W. HOLDEN #208	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALUB, JOANNE	3.2 NAME	
STREET ADDRESS	4575 S. TEXAS #305	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEELY, CAROLYN	4.2 NAME	Tharp, Ben
STREET ADDRESS	4575 S. TEXAS AVE. #210	4.3 STREET ADDRESS	4575 S. Texas Avenue #306B
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando, FL 32839
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRBY, GEORGE	5.2 NAME	Flood, Margaret
STREET ADDRESS	2225 W. HOLDEN #308	5.3 STREET ADDRESS	2225 W. Holden Avenue #205A
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, FL 32839
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William D Rendle - PRES.* DATE: 4/21/96 PHONE: 407-425-4561

CR2E037 (12/95)