

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739851 (4)**  
1. Corporation Name  
**ALHAMBRA CLUB MANAGEMENT, INC.**



Principal Place of Business <b>52 E. SOUTH STREET ORLANDO FL 32801 US</b>	Mailing Address <b>52 E. SOUTH STREET ORLANDO FL 32801-3308 US</b>
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified <b>08/05/1977</b>	3a. Date of Last Report <b>04/26/1996</b>
4. FEI Number <b>58-1847015</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**DON ASHER & ASSOCIATES INC  
52 E. SOUTH STREET  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>RENDEL, BILL</b>	
STREET ADDRESS	<b>2225 W. HOLDEN AVENUE #107A</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>O'DELL, FRED</b>	
STREET ADDRESS	<b>2225 W. HOLDEN #208</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>CALUB, JOANNE</b>	
STREET ADDRESS	<b>4575 S. TEXAS #305</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>THARP, BEN</b>	
STREET ADDRESS	<b>4575 S. TEXAS AVENUE #308B</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FLOOD, MARGARET</b>	
STREET ADDRESS	<b>2225 W. HOLDEN AVENUE #107A</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BARLOW, MARY</b>	
1.3 STREET ADDRESS	<b>4575 S TEXAS AVENUE #308-B</b>	
1.4 CITY-ST-ZIP	<b>ORLANDO, FL 32839</b>	
2.1 TITLE	<b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>CLARK, MARY COMBS</b>	
4.3 STREET ADDRESS	<b>2225 W HOLDEN AVENUE #105A</b>	
4.4 CITY-ST-ZIP	<b>ORLANDO, FL 32839</b>	
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>DANCE, AUDREY</b>	
5.3 STREET ADDRESS	<b>4575 S TEXAS AVENUE #106-B</b>	
5.4 CITY-ST-ZIP	<b>ORLANDO, FL 32839</b>	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mary Combs Clark* (467)  
4575 S TEXAS AVENUE #105A ORLANDO FL 32839

CP2E037 (9/96)