


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90057 028 ****61.25

DOCUMENT # 739851

1. Entity Name
ALHAMBRA CLUB MANAGEMENT, INC.



Principal Place of Business
**1801 COOK AVENUE
 ORLANDO, FL 32806**

Mailing Address
**1801 COOK AVENUE
 ORLANDO, FL 32806**

2. Principal Place of Business - No P.O. Box #
2225 W. HOLDEN AVE.

3. Mailing Address
P.O. Box 720395

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32809

Country
USA

Zip
32872-0395

Country
USA



04022008 Chg-NP CR2E037 (12/06)

4. FEI Number
58-1847015

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ASHER, STEVEN D
 1801 COOK AVENUE
 ORLANDO, FL 32806**

7. Name and Address of New Registered Agent

Name
SUNBELT COMMUNITIES, INC.

Street Address (P.O. Box Number is Not Acceptable)
**3960 SOUTHPOINTE DRIVE
 #535**

City
ORLANDO

FL Zip Code
32822

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.

By: *[Signature]* **FOR: SUNBELT COMMUNITIES, INC.**
LEWIS H. GRAVES **4-2-08**

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2008**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VPD	LEANHOLT, STEPHEN <input type="checkbox"/> Delete	TITLE VPD	LEINHOF, STEPHEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2225 W. HOLDEN AVE. #108-A	NAME	2225 W. HOLDEN AVE. #306A
STREET ADDRESS	ORLANDO, FL 32839	STREET ADDRESS	ORLANDO, FL 32839
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE STD	CALUB, JOANNE <input checked="" type="checkbox"/> Delete	TITLE VPD	GOLD, LINDA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4575 S. TEXAS AVE # 305-B	NAME	2225 W. HOLDEN AVE. #307A
STREET ADDRESS	ORLANDO, FL 32839	STREET ADDRESS	ORLANDO, FL 32839
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE DDS	EVANS, RUSSELL <input checked="" type="checkbox"/> Delete	TITLE TD	FOSTER, STEPHEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2225 W. HOLDEN AVE #310-A	NAME	4575 S. TEXAS AVE. #103B
STREET ADDRESS	ORLANDO, FL 32839	STREET ADDRESS	ORLANDO, FL 32839
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE SD	MATOS, HILDA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	4575 S. TEXAS AVE. #306B
STREET ADDRESS		STREET ADDRESS	ORLANDO, FL 32839
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE D	ANDERSON, DIANE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	4575 S. TEXAS AVE #302B
STREET ADDRESS		STREET ADDRESS	ORLANDO, FL 32839
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 names empowered.

SIGNATURE: *[Signature]* Pres BOV 04.09.08 407 761 9674

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