


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.

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

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

8. 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 (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE VPD	NAME LEANHOLT, STEPHEN	<input type="checkbox"/> Delete
STREET ADDRESS 2225 W. HOLDEN AVE. #108-A	CITY-ST-ZIP ORLANDO, FL 32839	
TITLE STD	NAME CALUB, JOANNE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4575 S. TEXAS AVE # 305-B	CITY-ST-ZIP ORLANDO, FL 32839	
TITLE DDS	NAME EVANS, RUSSELL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2225 W. HOLDEN AVE #310-A	CITY-ST-ZIP ORLANDO, FL 32839	
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD	NAME LENNHOFF, STEPHEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2225 W. HOLDEN AVE. #306A	CITY-ST-ZIP ORLANDO, FL 32839	
TITLE VPD	NAME GOLD, LINDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2225 W. HOLDEN AVE. #307A	CITY-ST-ZIP ORLANDO, FL 32839	
TITLE TD	NAME FOSTER, STEPHEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4575 S. TEXAS AVE. #103B	CITY-ST-ZIP ORLANDO, FL 32839	
TITLE SD	NAME MATOS, HILDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4575 S. TEXAS AVE. #306B	CITY-ST-ZIP ORLANDO, FL 32839	
TITLE D	NAME ANDERSON, DIANE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4575 S. TEXAS AVE #302B	CITY-ST-ZIP ORLANDO, FL 32839	
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 #