

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739851

FILED
Jan 07, 2009
Secretary of State

Entity Name: ALHAMBRA CLUB MANAGEMENT, INC.

Current Principal Place of Business:

2225 W HOLDEN AVE
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

POB 720395
ORLANDO, FL 328720395

New Mailing Address:

FEI Number: 58-1847015 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUNBELT COMMUNITIES INC
3960 SOUTHPOINTE DR 535
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEANHOFF, STEPHEN
Address: 2225 W HOLDEN AVE 306A
City-St-Zip: ORLANDO, FL 32833

Title: VPD () Delete
Name: GOULD, LINDA
Address: 2725 W HOLDEN AVE 307A
City-St-Zip: ORLANDO, FL 32839

Title: DDS () Delete
Name: EVANS, RUSSELL
Address: 2225 W. HOLDEN AVE #310-A
City-St-Zip: ORLANDO, FL 32839

Title: TD () Delete
Name: FOSTER, STEPHEN
Address: 4575 S TEXAS AVE 103B
City-St-Zip: ORLANDO, FL 32839

Title: SD (X) Delete
Name: MATES, HILDA
Address: 4575 S TEAS AVE 306B
City-St-Zip: ORLANDO, FL 32839

Title: D (X) Delete
Name: ANDERSON, DIANE
Address: 4575 S TEXAS AVE 302 B
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEHNHOFF, STEPHEN
Address: 2225 W HOLDEN AVE 306A
City-St-Zip: ORLANDO, FL 32833

Title: VPD (X) Change () Addition
Name: ANDERSON, DIANE
Address: 4575 S.TEXAS AVE. 302B
City-St-Zip: ORLANDO, FL 32839

Title: TD (X) Change () Addition
Name: FOSTER, STEPHEN
Address: 4575 S. TEXAS AVE. 103B
City-St-Zip: ORLANDO, FL 32839

Title: SD (X) Change () Addition
Name: CALUB, JOANNE
Address: 4575 S TEXAS AVE 305B
City-St-Zip: ORLANDO, FL 32839

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BY: STEPHEN LEHNHOFF

PD

01/07/2009

Electronic Signature of Signing Officer or Director

Date