

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 # 757113 (6)
1. Corporation Name
ALHAMBRA CIRCLE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: ~~9525 TOLEDO LANE FORT LAUDERDALE FL 33324~~
Mailing Address: ~~0625 TOLEDO LANE FORT LAUDERDALE FL 33324~~

3. Date Incorporated or Qualified: **04/06/1981**
3a. Date of Last Report: **06/20/1995**
4. FEI Number: **59-2192247**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 9595 TOLEDO LANE**
Suite, Apt. #, etc.: **22 N/A**
City & State: **23 Ft Lauderdale, FL**
Zip: **24 33324** Country: **25 USA**
2a. Mailing Address: **26 SAME**
Suite, Apt. #, etc.: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
BLANDER, MURRAY H
9540 TOLEDO LANE
FT LAUDERDALE FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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: *Murray H Blander*
Signature of or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SCHLEIN, LAWRENCE	
STREET ADDRESS	9525 TOLEDO LANE	
CITY - ST - ZIP	FORT LAUDERDALE FL 33324	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	PASTORE, TONN	
STREET ADDRESS	9575 TOLEDO LANE	
CITY - ST - ZIP	FORT LAUDERDALE FL 33324	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BLANDER, MURRAY	
STREET ADDRESS	9540 TOLEDO LANE	
CITY - ST - ZIP	FORT LAUDERDALE FL 33324	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STONEIN, LEONARD	
STREET ADDRESS	9530 TOLEDO LANE	
CITY - ST - ZIP	FORT LAUDERDALE FL 33324	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AVILA, ADELA	
STREET ADDRESS	9505 SEVILLA LANE	
CITY - ST - ZIP	FORT LAUDERDALE FL 33324	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	RIVERA, WARREN	
STREET ADDRESS	9565 TOLEDO LANE	
CITY - ST - ZIP	FT LAUDERDALE FL 33324	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #2		
1.1 TITLE	D-V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PELOGI, ANTHONY	
1.3 STREET ADDRESS	2220 MALAGA CT	
1.4 CITY - ST - ZIP	Fort Lauderdale, FL 33324	
2.1 TITLE	D-S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HOLMAN, MICHAEL	
2.3 STREET ADDRESS	9520 SEVILLA LANE	
2.4 CITY - ST - ZIP	Ft Lauderdale, FL 33324	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CURRY, JOHN AWAREL	
3.3 STREET ADDRESS	9575 TOLEDO LANE	
3.4 CITY - ST - ZIP	Ft Lauderdale, FL 33324	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TAPPEN, BERNADINE	
4.3 STREET ADDRESS	2200 MALAGA CT	
4.4 CITY - ST - ZIP	FT LAUDERDALE, FL 33324	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WULFORST, HOWARD	
5.3 STREET ADDRESS	9540 SEVILLA LANE	
5.4 CITY - ST - ZIP	FT. Lauderdale, FL 33324	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HINEY, DOROTHY	
6.3 STREET ADDRESS	4560 TOLEDO LANE	
6.4 CITY - ST - ZIP	FT LAUDERDALE, FL 33324	

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 employed 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: *Lawrence Schlein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)