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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757113

1. Corporation Name
ALHAMBRA CIRCLE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 9595 TOLEDO LANE FT LAUDERDALE FL 33324 US	Mailing Address 9595 TOLEDO LN FORT LAUDERDALE FL 33324 US
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334249 - 90068 - 33

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/06/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2192247
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

B. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CURRY, JOHN A 9575 TOLEDO LN FT LAUDERDALE FL 33324		81 Name DORENFEST LENORA	85 Zip Code 33324
		82 Street Address (P.O. Box Number is Not Acceptable) 9520 TOLEDO LN	
		83 FT LAUDERDALE	
		84 City FORT LAUDERDALE FL	

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 John A. Curry DATE 3/24/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE President DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CURRY, JOHN A.		1.2 NAME LENORA DORENFEST	
STREET ADDRESS 9575 TOLEDO LANE		1.3 STREET ADDRESS 9520 TOLEDO LN	
CITY-ST-ZIP FORT LAUDERDALE FL		1.4 CITY-ST-ZIP FT LAUDERDALE FL 33324	
TITLE DVP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE President DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DOYLE, HUGH		2.2 NAME MARTIN MURPHY	
STREET ADDRESS 9500 ALCAZAR LN		2.3 STREET ADDRESS 2270 MALAGA CT	
CITY-ST-ZIP FT LAUDERDALE FL 33324		2.4 CITY-ST-ZIP FT LAUDERDALE FL 33324	
TITLE DT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EVELYN, ELIZABETH		3.2 NAME	
STREET ADDRESS 9505 TOLEDO LN		3.3 STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE FL 33324		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE JOHN CURRY SECRETARY D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAFEEN, BERNADINE		4.2 NAME JOHN CURRY	
STREET ADDRESS 2200 MALAGA CT		4.3 STREET ADDRESS 9575 TOLEDO LN	
CITY-ST-ZIP FT LAUDERDALE FL		4.4 CITY-ST-ZIP FT LAUDERDALE FL 33324	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE ASSISTANT SECRETARY D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AVILA, ADELA		5.2 NAME ADELA AVILA	
STREET ADDRESS 9505 SEVILLA LANE		5.3 STREET ADDRESS 9505 SEVILLA LN	
CITY-ST-ZIP FORT LAUDERDALE FL 33324		5.4 CITY-ST-ZIP FT LAUDERDALE FL 33324	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE DIRECTOR D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LINEY, DOROTHY		6.2 NAME HUGH DOYLE	
STREET ADDRESS 9560 TOLEDO LANE		6.3 STREET ADDRESS 9500 ALCAZAR LN	
CITY-ST-ZIP FT LAUDERDALE FL		6.4 CITY-ST-ZIP FT LAUDERDALE FL 33324	

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED ELIZABETH 3/24/99 954-473-2461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 EVELYN

COPY 1/1981