

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90187 027 ***61.25

DOCUMENT # 757113

1. Entity Name

ALHAMBRA CIRCLE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9595 TOLEDO LANE
 FT LAUDERDALE FL 33324
 US

9595 TOLEDO LN
 FORT LAUDERDALE FL 33324-5973
 US

005424



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2192247

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOENFEST, LENDRA
 9520 TOLEDO LN
 FT LAUDERDALE FL 33324

Name

MARTIN W. MURPHY

Street Address (P.O. Box Number is Not Acceptable)

9595 TOLEDO LANE

City

FT. LAUDERDALE FL

Zip Code

33324

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.

SIGNATURE

[Handwritten Signature]

VICE PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D SECRETARY & DIR.	<input type="checkbox"/> Delete
NAME	CURRY, JOHN A.	
STREET ADDRESS	9575 TOLEDO LANE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MURPHY, MARTIN	
STREET ADDRESS	2270 MALAGA CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33324	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	EVELYN, ELIZABETH	
STREET ADDRESS	9505 TOLEDO LN	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	GOTAWALA MARIE, PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	2285 ELLICID COURT	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUES, SUSAN	
STREET ADDRESS	9505 TOLEDO LANE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33324	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHLEIN, LAWRENCE	
STREET ADDRESS	9525 TOLEDO LANE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33324	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FABIAN, MARY	
STREET ADDRESS	2260 MALAGA COURT	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00 (954) 916-9524
 Date Daytime Phone #