

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90015 031 ***61.25

DOCUMENT # 757113

1. Entity 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

928031



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

10191 W. Sample Rd

203

Coral Springs FL

33065

Broward

4. FEI Number

59-2192247

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, MARTIN W
9595 TOLEDO LANE
FT LAUDERDALE FL 33324

7. Name and Address of New Registered Agent

Name *Jamie Caldwell*
 Street Address (P.O. Box Number is Not Acceptable)
10191 W Sample Rd, Suite 203
96 J & L Prop. Mgmt. Inc.
 City *Coral Springs* **FL** Zip Code *33065*

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

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

TITLE	D	<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	D	<input type="checkbox"/> Delete
NAME	AVILA, ADELA	
STREET ADDRESS	9505 SEVILLA LANE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, SUSAN	
STREET ADDRESS	4565 TOLEDO LANE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	FASIAN, MARY	
STREET ADDRESS	2260 MALACA COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)