

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90182 037 ****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**

**10191 W SAMPLE ROAD
 #203
 CORAL SPRINGS FL 33065
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2192247

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALDOUZZO, JAMES
 10191 W SAMPLE ROAD STE 203
 C/O S & L PROP. MGMT, INC.
 CORAL SPRINGS FL 33065**

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CURRY, JOHN A.	
STREET ADDRESS	9575 TOLEDO LANE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, MARTIN	
STREET ADDRESS	2270 MALAGA CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AVILA, ADELA	
STREET ADDRESS	9505 SEVILLA LANE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, SUSAN	
STREET ADDRESS	4565 TOLEDO LANE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FASIAN, MARY	
STREET ADDRESS	2260 MALACA COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVID STEIN	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Koeper	
STREET ADDRESS	2265 ELCID	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33324	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAN AHNERT	
STREET ADDRESS	9555 TOLEDO LN.	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33324	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMAND LA PIERRE	
STREET ADDRESS	9560 TOLEDO LN.	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33324	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT MAINELLI	
STREET ADDRESS	2305 ELCID.	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33324	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom MALAGON	
STREET ADDRESS	9590 AICAZAR LN.	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33324	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE Schlein	
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] **RECORDED 25 APR 02**

CR2E037 (9/01)