

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90006 004 \*\*\*\*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: **10191 W SAMPLE ROAD #203 CORAL SPRINGS FL 33065 US**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country



MOORE CR2E037 (11/03)

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

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>D</b> NAME: <b>KOEPEL, JIM</b> STREET ADDRESS: <b>2265 ELCID</b> CITY-ST-ZIP: <b>FORT LAUDERDALE FL 33324</b>	<input type="checkbox"/> Delete	TITLE: <b>Pres</b> NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>P</b> NAME: <b>MURPHY, MARTIN</b> STREET ADDRESS: <b>2270 MALAGA CT</b> CITY-ST-ZIP: <b>FT LAUDERDALE FL 33324</b>	<input checked="" type="checkbox"/> Delete	TITLE: <b>VP-2</b> NAME: <b>ED DANHEISER</b> STREET ADDRESS: <b>9510 ALCAZAR LANE</b> CITY-ST-ZIP: <b>FT LAUD FL 33324</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <b>S</b> NAME: <b>AHNERT, DAN</b> STREET ADDRESS: <b>9555-TOLEPO LANE</b> CITY-ST-ZIP: <b>FORT LAUDERDALE FL 33324</b>	<input type="checkbox"/> Delete	TITLE: <b>D</b> NAME: <b>ADELA AMILA</b> STREET ADDRESS: <b>9505 SEVILLIA LANE</b> CITY-ST-ZIP: <b>FT LAUD FL 33324</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <b>T</b> NAME: <b>LAPIERRE, NORMAND</b> STREET ADDRESS: <b>9560 TOLEDO LANE</b> CITY-ST-ZIP: <b>FORT LAUDERDALE FL 33324</b>	<input checked="" type="checkbox"/> Delete	TITLE: <b>T</b> NAME: <b>MARIE GOTAWALA</b> STREET ADDRESS: <b>2285 ELCID</b> CITY-ST-ZIP: <b>FT LAUD FL 33324</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <b>D</b> NAME: <b>MAINELLI, ROBERT</b> STREET ADDRESS: <b>2305 ELCID</b> CITY-ST-ZIP: <b>FORT LAUDERDALE FL 33324</b>	<input type="checkbox"/> Delete	TITLE: <b>VP</b> NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>D</b> NAME: <b>MAIAGON, TOM</b> STREET ADDRESS: <b>9590 ALCAZAR LN</b> CITY-ST-ZIP: <b>FORT LAUDERDALE FL 33324</b>	<input checked="" type="checkbox"/> Delete	TITLE: <b>D</b> NAME: <b>SYDILLIE FIVERS</b> STREET ADDRESS: <b>2255 ELCID</b> CITY-ST-ZIP: <b>FT LAUD FL 33324</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:** *James C. Koepel* (**JAMES C. KOEPEL**) **3/9/04** **954-577-5449**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #