


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90028 045 ****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		3. Mailing Address c/o PHOENIX Mgmt 4780 No. St. Rd. 7 # E-250	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State LAUDERDALE LKS, FL	
Zip	Country	Zip	Country
33319	U.S.	33319	U.S.
4. FEI Number 59-2192247		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CALDOZZO, JAMES 10191 W SAMPLE ROAD STE 203 C/O S & L PROP. MGMT, INC. CORAL SPRINGS, FL 33065		Name Phoenix Management Services Street Address (P.O. Box Number is Not Acceptable) 4780 North State Rd. 7 Suite 250 City LAUDERDALE LAKES FL Zip Code 33319	
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 <i>Todd Shurah</i>		DATE 2/22/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOEPER, JIM 2265 ELCID FORT LAUDERDALE, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP2 DANHEISER, ED 9510 ALCAZAR LANE FT LAUDERDALE, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President DANHEISER, ED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9510 ALCAZAR LANE FT. LAUDERDALE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AHNERT, DAN <input checked="" type="checkbox"/> Delete 9555 TOLEPO LANE FORT LAUDERDALE, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	secretary Smith, Brian <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9620 ALCAZAR LANE Ft. Lauderdale, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVILA, ADELA <input checked="" type="checkbox"/> Delete 9505 SEVILLA LANE FORT LAUDERDALE, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	treasurer DAWSON, Andrew <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9580 ALCAZAR LANE FT. LAUDERDALE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP MAINELLI, ROBERT <input type="checkbox"/> Delete 2305 ELCID FORT LAUDERDALE, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MAINELLI, ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2305 ELCID COURT FT. LAUDERDALE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOTAWALA, MARIE <input checked="" type="checkbox"/> Delete 2285 ELCID FORT LAUDERDALE, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MARSTEIN, RANDI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2325 ELCID COURT FT. LAUDERDALE FL 33324
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: <i>[Signature]</i>		DATE 3/21/05 DAYTIME PHONE # 954-473-4639	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	