

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


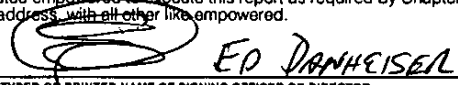
**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90032 031 \*\*\*\*61.25

**60007394**



01062006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # 757113</b>					
1. Entity Name ALHAMBRA CIRCLE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 9595 TOLEDO LANE FT LAUDERDALE, FL 33324 US			Mailing Address C/O PHOENIX MANAGEMENT 4780 NO ST RD 7, # E-250 LAUDERDALE LAKES, FL 33319 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PHOENIX MANAGEMENT SERVICE 4780 NORTH STATE RD, 7 SUITE 250 LAUDERDALE LAKES, FL 33317				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOEPER, JIM			NAME	
STREET ADDRESS	2265 ELCID			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANHEISER, ED			NAME	
STREET ADDRESS	9510 ALCAZAR LANE			STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33324			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BRIAN			NAME	
STREET ADDRESS	9620 ALCAZAR LANE			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, ANDREW			NAME	
STREET ADDRESS	9580 ALCAZAR LANE			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAINELLI, ROBERT			NAME	
STREET ADDRESS	2305 ELCIO COURT			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSTEIN, RANDI			NAME	
STREET ADDRESS	2325 EL CIO COURT			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: 1/24/06		Daytime Phone #: 954-473-4639	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					