


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90209 045 ****61.25

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DOCUMENT # 757113			
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 - No P.O. Box #		3. Mailing Address <i>C/O Phoenix Management</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>4800 N. State Rd. 7, #105</i>	
City & State		City & State <i>Lauderdale Lakes, FL</i>	
Zip	Country	Zip	Country
<i>33319</i>	<i>USA</i>	<i>33319</i>	<i>USA</i>
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 PHOENIX MANAGEMENT SERVICE 4780 NORTH STATE RD, 7 SUITE 250 LAUDERDALE LAKES, FL 33317		7. Name and Address of New Registered Agent Name <i>Phoenix Management Services</i> Street Address (P.O. Box Number is Not Acceptable) <i>4800 North State Road 7, Suite 105</i> City <i>Lauderdale Lakes FL</i> Zip Code <i>33319</i>	
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 Shurak, Community Association Manager</i>		DATE <i>1/04/07</i>	
Filing Fee is \$61.25 Due by May 1, 2007		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	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 checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSTEIN, RANDI	NAME	<i>Director</i>
STREET ADDRESS	2325 EL CIO COURT	STREET ADDRESS	<i>stein, David</i>
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324	CITY-ST-ZIP	<i>9570 Alcazar Lane</i>
			<i>Fort Lauderdale, Florida 33324</i>
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 the address with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		Date <i>1/11/07</i> Daytime Phone # <i>954-473-4629</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	