

# 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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01042007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT #757113</b> 1. Entity Name <b>ALHAMBRA CIRCLE HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>9595 TOLEDO LANE FT LAUDERDALE, FL 33324 US</b>			Mailing Address <b>C/O PHOENIX MANAGEMENT 4780 NO ST RD 7, # E-250 LAUDERDALE LAKES, FL 33319 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>c/o Phoenix Management</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>4800 N. State Rd. 7, #105</b>			
City & State		City & State <b>Lauderdale Lakes, FL</b>			
Zip <b>33319</b>	Country <b>USA</b>	4. FEI Number <b>59-2192247</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>PHOENIX MANAGEMENT SERVICE 4780 NORTH STATE RD, 7 SUITE 250 LAUDERDALE LAKES, FL 33317</b>	
7. Name and Address of New Registered Agent Name <b>Phoenix Management Services</b> Street Address (P.O. Box Number is Not Acceptable) <b>4800 North State Road 7, Suite 105</b> City <b>Lauderdale Lakes FL</b> Zip Code <b>33319</b>				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 <b>Todd Shurak, Community Association Manager</b> <b>1/04/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>				Filing Fee is <b>\$61.25</b> <b>Due by May 1, 2007</b>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KOEPEL, JIM 2265 ELCID FORT LAUDERDALE, FL 33324</b>	<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	<b>VP DANHEISER, ED 9510 ALCAZAR LANE FT LAUDERDALE, FL 33324</b>	<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	<b>S SMITH, BRIAN 9620 ALCAZAR LANE FORT LAUDERDALE, FL 33324</b>	<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	<b>D DAWSON, ANDREW 9580 ALCAZAR LANE FORT LAUDERDALE, FL 33324</b>	<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	<b>D MAINELLI, ROBERT 2305 ELCIO COURT FORT LAUDERDALE, FL 33324</b>	<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	<b>D MARSTEIN, RANDI 2325 EL CIO COURT FORT LAUDERDALE, FL 33324</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <b>stein, David</b> <b>9570 Alcazar Lane</b> <b>Fort Lauderdale, Florida 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 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: <b>ED DANHEISER</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1/11/07 954-48-4629</b> <small>Date Daytime Phone #</small>		