

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90059 031 ****61.25

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01022008 Chg-NP CR2E037 (12/06)

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 4800 N STATE RD 7 #105 LAUDERDALE LAKES, FL 33319 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	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		
PHOENIX MANAGEMENT SERVICE 4880 NORTH STATE RD 7# 105 LAUDERDALE LAKES, FL 33317			Name <i>Phoenix Management Services, Inc</i> Street Address (P.O. Box Number is Not Acceptable) <i>4800 North State ROAD 7</i> <i>Suite # 105</i> City <i>Lauderdale Lakes</i> FL 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 		DATE <i>1/11/08</i>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOEPER, JIM		NAME		
STREET ADDRESS	2265 ELCID COURT		STREET ADDRESS		
CITY-ST-ZIP	DAVIE 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	DAVIE, 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	DAVIE, FL 33324		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DAWSON, ANDREW		NAME	<i>stein, David</i>	
STREET ADDRESS	9580 ALCAZAR LANE		STREET ADDRESS	<i>9570 ALCAZAR LANE</i>	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324		CITY-ST-ZIP	<i>DAVIE, Florida 33324</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAINELLI, ROBERT		NAME		
STREET ADDRESS	2305 ELCID COURT		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33324		CITY-ST-ZIP		
TITLE	D	<input checked="" 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 <i>1/16/08</i>		DAYTIME PHONE # <i>954-473-4639</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	