

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90131 048 \*\*\*\*61.25

**DOCUMENT # 757113**  
1. Entity Name  
**ALHAMBRA CIRCLE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**9695 TOLEDO LANE  
FT LAUDERDALE FL 33324  
US**

Mailing Address  
**10191 W SAMPLE ROAD  
#203  
CORAL SPRINGS FL 33065  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-2192247**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**CALDOUZZO, JAMES  
10191 W SAMPLE ROAD STE 203  
C/O S & L PROP. MGMT., INC.  
CORAL SPRINGS FL 33065**

**7. Name and Address of New Registered Agent**  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KOEPEL, JIM</b>	
STREET ADDRESS	<b>2265 ELCID</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33324</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MURPHY, MARTIN</b>	
STREET ADDRESS	<b>2270 MALAGA CT</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33324</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>AHNERT, DAN</b>	
STREET ADDRESS	<b>9555 TOLEPO LANE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33324</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LAPIERRE, NORMAND</b>	
STREET ADDRESS	<b>9560 TOLEDO LANE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33324</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MAINELLI, ROBERT</b>	
STREET ADDRESS	<b>2305 ELCID</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33324</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MAIAGON, TOM</b>	
STREET ADDRESS	<b>9590 ALCAZAR LN</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33324</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BERNARDINE TAFEN</b>	
STREET ADDRESS	<b>2200 MALAGA CT</b>	
CITY-ST-ZIP	<b>FT LAUD FL 33324</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LAWRENCE SCHLEIN</b>	
STREET ADDRESS	<b>9525 TOLEDO LANE</b>	
CITY-ST-ZIP	<b>FT LAUD FL 33324</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAVID STEIN</b>	
STREET ADDRESS	<b>9570 ALCAZAR LANE</b>	
CITY-ST-ZIP	<b>FT LAUD FL 33324</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *[Signature]* **SIGNATURE REQUIRED PRESIDENT** **1-8-03 04-96-9524**

CR2E037 (10/02)