

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 761056**

1. Entity Name  
**ALHAMBRA ONE CONDOMINIUM ASSOCIATION, INC.**



**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**1451 HAMMOND DR  
MIAMI SPRINGS, FL 33166-0232**

Mailing Address  
**1451 HAMMOND DR  
MIAMI SPRINGS, FL 33166-0232**



01152005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SAKHNOVSKY, NICHOLAS A.  
1451 HAMMOND DR  
MIAMI SPRINGS, FL 33166-0232**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee Is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SAKHNOVSKY, A.A. 1451 HAMMOND DR MIAMI SPRINGS, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD SAKHNOVSKY, O R 1451 HAMMOND DR MIAMI SPRINGS, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV VELAZQUEZ, A.M. 1701 W. 80TH ST. HIALEAH, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ORBE, O 1645 W 42 ST APT 1 HIALEAH, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ORBE, I 1645 W 42 ST APT 1 HIALEAH, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

000000295707  
04/09/05-80040-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/05

305/592922