

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # 761056

1. Entity Name
ALHAMBRA ONE CONDOMINIUM ASSOCIATION, INC.



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

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



05092008 No Chg-NP CR2E037 (4/06)

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000851002
06/04/08-80013-026 61.25

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	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-08

Date

205-856-1975

Daytime Phone #