

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768479

FILED
Jun 24, 2009
Secretary of State

Entity Name: ALHAMBRA CONDOMINIUM NO. IV ASSOCIATION, INC.

Current Principal Place of Business:

8625 NW 8TH STREET
407
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 522333
MIAMI, FL 33152 US

New Mailing Address:

FEI Number: 65-0134876 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MANAGEMENT SPECALTY INC
8625 NW 8TH STREET
407
MIAMI, FL 33126 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SINDE, MARGARITA
Address: 2261 WEST 53 STREET #14
City-St-Zip: HIALEAH, FL 33016 US

Title: VPD () Delete
Name: DIAZ, ROBERTO
Address: 2261 WEST 53 STREET #11
City-St-Zip: HIALEAH, FL 33016 US

Title: SD () Delete
Name: GONZALEZ, JUAN C
Address: 2261 WEST 53 STREET #3
City-St-Zip: HIALEAH, FL 33016 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SINCHE, MARGARITA
Address: 2261 WEST 53 STREET #14
City-St-Zip: HIALEAH, FL 33016 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARITA SINCHE

PD

06/24/2009

Electronic Signature of Signing Officer or Director

Date