

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003959

FILED  
Feb 02, 2010  
Secretary of State

**Entity Name:** ALHAMBRA PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

209 N. BIRCH ROAD  
ATTN:FRONT DESK  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

209 N. BIRCH ROAD  
ATTN:FRONT DESK  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

**FEI Number:** 65-1113536

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POLIAKOFF, GARY A ESQ  
3111 STIRLING RD  
HOLLYWOOD, FL 333126525 US

**Name and Address of New Registered Agent:**

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: DP  
Name: JAY, DAVID  
Address: 209 N BIRCH RD, #902  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: T  
Name: WORKMAN, SIDNEY  
Address: 209 N BIRCH RD 702  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D  
Name: HURY, HANK  
Address: 209 N BIRCH RD, #1202  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D  
Name: GREGORY, THOMAS  
Address: 209 N BIRCH RD#1002  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D  
Name: JACKMAN, STEPHEN  
Address: 209 B BIRCH RD #1101  
City-St-Zip: FORT LAUDERDALE, FL 33304

I hereby 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 all other like empowered.

SIGNATURE: DAVID JAY

PRES

02/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date