

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Apr 28, 2010  
Secretary of State**

DOCUMENT# N08000005346

**Entity Name:** VILLA ALHAMBRA OF CORAL GABLES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2450 NE MIAMI GARDENS DRIVE  
SUITE 100  
AVENTURA, FL 33180**New Principal Place of Business:**8200 NW 33RD STREET  
SUITE 300  
MIAMI, FL 33122**Current Mailing Address:**2450 NE MIAMI GARDENS DRIVE  
SUITE 100  
AVENTURA, FL 33180**New Mailing Address:**8200 NW 33RD STREET  
SUITE 300  
MIAMI, FL 33122

FEI Number: 26-2408574

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**WEITZER, HARRY  
2450 NE MIAMI GARDENS DRIVE  
SUITE 100  
AVENTURA, FL 33180 US**Name and Address of New Registered Agent:**HYMAN, MICHAEL  
150 WEST FLAGLER STREET  
SUITE 2701 / MUSEUM TOWER  
MIAMI, FL 33130 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: MICHEAL HYMAN, ESQ

04/28/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PD  
Name: URIBARRI, MAGALI  
Address: 50 ALHAMBRA CIRCLE # 401  
City-St-Zip: CORAL GABLES, FL 33134Title: VD  
Name: VON DER GOLTZ, MICHELLE  
Address: 50 ALHAMBRA CIRCLE #103  
City-St-Zip: CORAL GABLES, FL 33134Title: S/T  
Name: RUA, MARIA V  
Address: 50 ALHAMBRA CIRCLE # 304  
City-St-Zip: CORAL GABLES, FL 33134

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: MAGALI URIBARRI

PRES

04/28/2010

Electronic Signature of Signing Officer or Director

Date