

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15906

FILED
May 01, 2007
Secretary of State

Entity Name: ALHAMBRA MANORS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3599 S W 17TH ST
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

275 FONTAINEBLEAU BLVD
200
MIAMI, FL 33172 US

New Mailing Address:

FEI Number: 65-0265656 **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:

ALVAREZ, NESTOR
3971 S.W. 8TH STREET
SUITE 209
CORAL GABLES, FL 33134 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: PD () Delete
Name: RIGAU, AMPARO,
Address: 275 FONTAINEBLEAU BLVD #200
City-St-Zip: MIAMI, FL 33192

Title: VP () Delete
Name: DEL PINO, ALICIA
Address: 275 FONTAINEBLEAU BLVD #200
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: GARCIA, ROSA MARIA
Address: 275 FONTAINEBLEAU BLVD #200
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: GONZALEZ, ALICIA
Address: 275 FONTAINEBLEAU BLVD #200
City-St-Zip: MIAMI, FL

Title: VS () Delete
Name: FERNANDEZ, GEORGINA
Address: 275 FONTAINEBLEAU BLVD #200
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: AMPARO RIGAU

PD

05/01/2007

Electronic Signature of Signing Officer or Director

Date