2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 8:00 am
Secretary of State
02-29-2008 90027 001 ****64.00
03-07-2008 90042 029 ****61.25

DOCUMENT # N15906

1. Entity Name

ALHAMBRA MANORS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3599 S W 17TH ST MIAMI FL 33145	275 FONTAINBLEAU BLVD 200 MIAMI FL 33172 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0265656 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALVAREZ, NESTOR 3971 S.W. 8TH STREET SUITE 209 CORAL GABLES FL 33134	Name Street Address (P.O. Box Number is not acceptable) City **FL** Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RIGAU, AMPARO 275 FONTAINEBLEAU BLVD #200 MIAMI FL 33192	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Amparo Rigau
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DEL PINO, ALICIA 275 FONTAINEBLEAU BLVD #200 MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Alicia Del Pino
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GARCIA, ROSA MARIA 275 FONTAINEBLEAU BLVD #200 MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Rosa Maria Garcia
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GONZALEZ, ALICIA 275 FONTAINEBLEUA BLVD #200 MIAMI FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS FERNANDEZ, GEORGINA 275 FONTAINEBLEAU BLVD #200 MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Georgina Fernandez
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Amparo Rigau 2/28/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #