## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N21575

FILED Apr 22, 2009 Secretary of State

Entity Name: THE ALHAMBRA EAST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O UNGERMANN 725 N A1A
P.O. BOX 395 SUITE C-117

JUPITER, FL 33468 JUPITER, FL 33477

Current Mailing Address: New Mailing Address:

C/O UNGERMANN P O BOX 395

P.O. BOX 395 JUPITER, FL 33468 JUPITER, FL 33468

FEI Number: 59-2455340 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

UNGERMANN, WALTER 725 N. A. 1 A STE C 117 JUPITER, FL 33477 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:

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Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 UNGERMANN, WALTER
 Name:
 UNGERMANN, WALTER

 Address:
 725 NAIA STE C-114
 Address:
 725 N AIA STE C-114

 City-St-Zip:
 JUPITER, FL 33468
 City-St-Zip:
 JUPITER, FL 33468

Title: ST ( ) Delete Title: ST (X) Change ( ) Addition

 Name:
 DANIELS, DON
 Name:
 DANIELS, DON

 Address:
 725 NAIA STE C-111
 Address:
 725 N AIA STE C-111

 City-St-Zip:
 JUPITER, FL 33477
 City-St-Zip:
 JUPITER, FL 33477

 Name:
 GOLDSBURY, TIM
 Name:
 DANIELS, DON

 Address:
 725 NAIA STE C-106
 Address:
 725 N AIA STE C-111

 City-St-Zip:
 JUPITER, FL 33477
 City-St-Zip:
 JUPITER, FL 33477

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: WALTER UNGERMANN PD 04/22/2009