

FILE NOW: FILING FEE IS \$125

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N22627 (6)  
1. Corporation Name  
THE ALHAMBRA NORTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
C/O UNGERMANN  
P.O. BOX 395  
JUPITER FL 33468-0395  
C/O UNGERMANN  
P.O. BOX 395  
JUPITER FL 33468-0395

3. Date Incorporated or Qualified 09/23/1987 3a. Date of Last Report 03/16/1995  
4. FEI Number 59-2455340 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 WALTER UNGERMANN 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 P.O. BOX 395 27  
City & State City & State  
23 JUPITER, FL 28  
Zip Country Zip Country  
24 33468 25 PALM BCH 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

METCALF, RICHARD M  
725 N A1A  
STE #E-108  
JUPITER FL 33477

81 Name CLAUDETTE GUINN  
82 Street Address (P.O. Box Number is Not Acceptable) 725 N A1A STE E108  
83  
84 City JUPITER FL 85 Zip Code 33477

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Claudette Guinn*  
Signature, typed or printed name of registered agent and title if applicable

CLAUDETTE GUINN

4/30/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	KINDER, RANDOLYN J.	5695 PENNOCK PT. RD.	JUPITER FL	<input checked="" type="checkbox"/>
VD	PITTS, WILLIAM	725 N A1A, SUITE A101	JUPITER FL	<input type="checkbox"/>
STD	GUINN, CLAUDETTE	725 N A1A, SUITE E-108	JUPITER FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PD	WALTER UNGERMANN	P.O. BOX 395/725 N A1A, STE E-108	JUPITER, FL 33468	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

*Claudette Guinn*

CLAUDETTE GUINN

Date

4/30/96

Daytime Phone #

575-0852

CR2E037 (12/95)