

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N22627**

1. Entity Name

THE ALHAMBRA NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**C/O WALTER UNGERMANN
P.O. BOX 395
JUPITER FL 33468**

Mailing Address

**C/O WALTER UNGERMANN
P.O. BOX 395
JUPITER FL 33468**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2455340

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GUINN, CLAUDETTE
725 N A1A
STE. #E-108
JUPITER FL 33477**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	UNGERMANN, WALTER	
STREET ADDRESS	725 N A1A, STE D-102	
CITY-ST-ZIP	JUPITER FL 33468	

TITLE	SD	<input type="checkbox"/> Delete
NAME	GUINN, CLAUDETTE	
STREET ADDRESS	725 N A1A, SUITE E-108	
CITY-ST-ZIP	JUPITER FL	

TITLE	TD	<input type="checkbox"/> Delete
NAME	MALT, DDS C RICHARD	
STREET ADDRESS	725 NORTH A1A	
CITY-ST-ZIP	JUPITER FL 33477	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90356 031 ****61.25

630720

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)