

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90229 014 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               |                                                                                  |                                                                                       |                                                                                                                                                                                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N22627</b><br>1. Entity Name<br><b>THE ALHAMBRA NORTH CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               |                                                                                  |                                                                                       |                                                                                                                                                                                                                             |  |
| Principal Place of Business<br><b>C/O WALTER UNGERMANN<br/>P.O. BOX 395<br/>JUPITER, FL 33468</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |                                                                                  | Mailing Address<br><b>C/O WALTER UNGERMANN<br/>P.O. BOX 395<br/>JUPITER, FL 33468</b> |                                                                                                                                                                                                                             |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               | Country                                                                          |                                                                                       | 4. FEI Number<br><b>59-2455340</b>                                                                                                                                                                                          |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                                  |                                                                                       | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                       |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GUINN, CLAUDETTE<br/>725 N A1A<br/>STE. #E-108<br/>JUPITER, FL 33477</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               |                                                                                  |                                                                                       | 7. Name and Address of New Registered Agent<br>Name <b>Walter Ungermann</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>725 NA1A Ste C-117</b><br>City <b>Jupiter</b> State <b>FL</b> Zip Code <b>33477</b> |  |
| 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 <u><i>Walter Ungermann</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                               |                                                                                  |                                                                                       |                                                                                                                                                                                                                             |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                       | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                          |  |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                  |                                                                                       |                                                                                                                                                                                                                             |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                          |                                                                                                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>PD<br/>UNGERMANN, WALTER<br/>725 A A1A STE C-117<br/>JUPITER, FL 33468</b> | <input type="checkbox"/> Delete                                                  |                                                                                       |                                                                                                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>ST<br/>ZUDANS, ERIK<br/>725 N A1A STE D-107<br/>JUPITER, FL 33477</b>      | <input type="checkbox"/> Delete                                                  |                                                                                       |                                                                                                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>D<br/>RAYMOND, ERIK<br/>725 N A1A STE D-107<br/>JUPITER, FL 33477</b>      | <input type="checkbox"/> Delete                                                  |                                                                                       |                                                                                                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>D<br/>Zudans, Erik<br/>725 NA1A Ste D-107<br/>Jupiter, FL 33477</b>        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |                                                                                       |                                                                                                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (Empty)                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                                                                       |                                                                                                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (Empty)                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                                                                       |                                                                                                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (Empty)                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                                                                       |                                                                                                                                                                                                                             |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Walter Ungermann</i></u> Date <b>4/30/08</b> Daytime Phone # <b>561 575 5868</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |                                                                                  |                                                                                       |                                                                                                                                                                                                                             |  |