2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22627

FILED Apr 22, 2009 Secretary of State

Entity Name: THE ALHAMBRA NORTH CONDOMINIUM ASSOCIATION, INC.

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

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

JUPITER, FL 33468 JUPITER, FL 33477

C/O WALTER UNGERMANN P O BOX 395

P.O. BOX 395

JUPITER, FL 33468

JUPITER, FL 33468

Current Mailing Address:

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

New Mailing Address:

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

UNGREMANN, WALTER
725 NAIA STE C-117
725 NAIA STE C-117
JUPITER, FL 33477
US
725 NAIA 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: 04/22/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 UNGERMANN, WALTER
 Name:
 UNGERMANN, WALTER

 Address:
 725 A A1A STE C-117
 Address:
 725 N A1A STE C-117

 City-St-Zip:
 JUPITER, FL 33468
 City-St-Zip:
 JUPITER, FL 33477

Title: ST () Delete Title: () Change () Addition Name: ZUDANS, ERIK Name:

 Name:
 ZUDANS, ERIK
 Name:

 Address:
 725 N A1A STE D-107
 Address:

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

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 ZUDANS, ERIK
 Name:
 ZUDANS, ERIK

 Address:
 725 NAIA STE D-107
 Address:
 725 N AIA STE D-107

 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