

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N22628**

1. Entity Name  
**THE ALHAMBRA SOUTH 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**

**DO NOT WRITE IN THIS SPACE**



01132006 No Chg-NP

CR2E037 (11/05)

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**

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME UNGERMANN, WALTER  
STREET ADDRESS 725 N A1A, STE D-102  
CITY- ST- ZIP JUPITER, FL 33468

TITLE TD  
NAME MALT, DDS C RICHARD  
STREET ADDRESS 725 N A1A  
CITY- ST- ZIP JUPITER, FL 33477

TITLE SD  
NAME GUINN, CLAUDETTE  
STREET ADDRESS 725 N A1A, SUITE E-108  
CITY- ST- ZIP JUPITER, FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

UD0000389963  
01/23/06-80006-011 61.25

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #