

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 27 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N23423** (9)  
1. Corporation Name  
**ALHAMBRA AT PONCIANA OWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**255 ALHAMBRA CIR., 9TH FL  
CORAL GABLES FL 33134** **255 ALHAMBRA CIR., 9TH FL  
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/12/1987</b>	3a. Date of Last Report <b>04/25/1994</b>
4. FEI Number <b>65-0019346</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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9. Name and Address of Current Registered Agent  
**KERRIGAN, JUANITA I  
255 ALHAMBRA CIR., 9TH FL  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>PASHLEY, JEFFREY</b>
STREET ADDRESS	<b>255 ALHAMBRA CIRCLE</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>V</b>
NAME	<b>SETTLES, PATRICK G.</b>
STREET ADDRESS	<b>255 ALHAMBRA CIRCLE</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>D</b>
NAME	<b>GETMAN, DENNIS</b>
STREET ADDRESS	<b>255 ALHAMBRA CIRCLE</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>D</b>
NAME	<b>HUNSINGER, TINA</b>
STREET ADDRESS	<b>255 ALHAMBRA CIRCLE</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>D</b>
NAME	<b>COUGHENOUR, JEANNETTE</b>
STREET ADDRESS	<b>255 ALHAMBRA CIRCLE</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>D</b>
NAME	<b>KERRIGAN, JUANITA</b>
STREET ADDRESS	<b>255 ALHAMBRA CIRCLE</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<b>V, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>DT</b>
3.3 STREET ADDRESS	<b>ROBBINS, STACY</b>
3.4 CITY - ST - ZIP	<b>255 ALHAMBRA CIRCLE</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<b>V, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: *Juanita I. Kerrigan* Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JUANITA I. KERRIGAN**

4/2/95  
Date  
(905) 442-7000  
Telephone #