

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
May 14 1997 8:00am
Secretary of State

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



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

3. Date Incorporated or Qualified: **11/12/1987**
3a. Date of Last Report: **04/27/1996**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
City & State (29-30)
Zip (31-32) Country (33-34)

4. FEI Number: **65-0019346**
Applied For: **Not Applicable**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when releasing) DATE: _____

| 12. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE: PO <input checked="" type="checkbox"/> DELETE | PASHLEY, JEFFREY 255 ALHAMBRA CIRCLE CORAL GABLES FL |
| TITLE: VO <input type="checkbox"/> DELETE | SETTLES, PATRICK G. 255 ALHAMBRA CIRCLE CORAL GABLES FL |
| TITLE: DT <input type="checkbox"/> DELETE | DOBBINS, STACEY 255 ALHAMBRA CIRCLE CORAL GABLES FL |
| TITLE: D <input checked="" type="checkbox"/> DELETE | HUNSINGER, TINA 255 ALHAMBRA CIRCLE CORAL GABLES FL |
| TITLE: D <input checked="" type="checkbox"/> DELETE | COUGHENOUR, JEANNETTE 255 ALHAMBRA CIRCLE CORAL GABLES FL |
| TITLE: VO <input type="checkbox"/> DELETE | KERRIGAN, JUANITA 255 ALHAMBRA CIRCLE CORAL GABLES FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|
| 1.1 TITLE: PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | LATIAK, DENNIS J. 255 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 |
| 3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 4.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | GEITMAN, DENNIS J. 255 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 |
| 6.1 TITLE: VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | 000002190730 -05/27/97--01006--002 ***70.00 |

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: BY: Juanita I. Kerrigan, JUANITA I. KERRIGAN 4/25/97 (305) 442-7000
Date: _____ Daytime Phone: _____

CR2E037 (3/96)