

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

98 JUN -5 11:10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> N23423 (9) 1. Corporation Name ALHAMBRA AT POINCIANA OWNERS ASSOCIATION INC		3. Date Incorporated or Qualified 11-12-1987	
Principal Place of Business 255 Alhambra Circle Coral Gables, FL 33134		Mailing Address 255 Alhambra Circle Coral Gables, FL 33134	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 933 Douglas Ave 27 Suite, Apt. #, etc. 28 City & State 29 Maitland Springs, FL 30 Zip Country 32714 USA	
4. FEI Number 65-0019346		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent Kerrigan, Juanita I. 255 Alhambra Circle Coral Gables, FL 33134		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input type="checkbox"/> DELETE Settles, Patrick G. 255 Alhambra Circle, Coral Gables	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT <input type="checkbox"/> DELETE Robbins, Stacy 255 Alhambra Circle, Coral Gables	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	4000002552594 -06/09/98--01068--012 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD <input type="checkbox"/> DELETE Kerrigan, Juanita I 255 Alhambra Circle Coral Gables	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> DELETE Latiak, Dennis, J. 255 Alhambra Circle Coral Gables	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> DELETE Getman, Dennis, J. 255 Alhambra Circle Coral Gables	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Stacy Robbins, Treasurer</u> <u>Stacy Robbins, Treasurer</u> 4-24-98 407-6826992 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			