

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90283 016 \*\*\*\*61.25

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<b>DOCUMENT # N24138</b> 1. Entity Name ALHAMBRA PALACE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 322 MONROE STREET SUITE # 6 HOLLYWOOD, FL 33019 US			Mailing Address 322 MONROE STREET SUITE # 6 HOLLYWOOD, FL 33019 US		
2. Principal Place of Business 321 Madison Street			3. Mailing Address 321 Madison Street		
Suite, Apt. #, etc. Suite, Apt. #, etc.			04272005 Chg-NP CR2E037 (10/03)		
City & State Hollywood, FL			City & State Hollywood, FL		
Zip 33019			Zip 33019		
Country USA			Country USA		
4. FEI Number 65-0251222			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  RAMOS, HARRY D 322 MONROE STREET SUITE 7 HOLLYWOOD, FL 33019			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARINO, PETER 447 LINWOOD AVENUE BUFFALO, NY 14209	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOWMAN, ROBERT 321 MADISON STREET - SUITE #B-202 HOLLYWOOD, FL 33019	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COATS, PETER D 322 MONROE STREET - SUITE 6 HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Ramos, Harry 322 Monroe St Hollywood FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Barber, Chris 322 Monroe St Hollywood FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <u>Peter Marino</u> 4/30/05 954-650-6372					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					