## 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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DOCL	<b>JMENT</b>	# N24	1138	

1. Entity Name

ALHAMBRA PALACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

322 MONROE STREET
SUITE # 6

Mailing Address

322 MONROE STREET

SUITE # 6

14017235

Trust Fund Contribution.  Added to Fees  Florida Department of State  10. OFFICERS AND DIRECTORS	HOLLYWOOD, FL 33019 US HOLLYWOOD, FL 33019 US							i irai afaii <b>sir</b> a aira			
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   O4272005 Chg.NP CR2E037 (10/03)   Chg.NP CR2E037 (10/03)   Chg.NP CR2E037 (10/03)   Chg.NP CR2E037 (10/03)   Applied for Not Applied for No	3 Principal	Mape of Bysiness Steet 3	Mailing Address	1:4	mSt	100					
6. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pee Required Pee Requ	Suite, Apt. #, etc. Suite, Apt. #, etc.						04272005	Chg-NP	CR2E03	7 (10/03)	
8. Name and Address of Current Registered Agent  RAMOS, HARRY D 322 MONROE STREET Surface 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 agent, or both, in the State of Florida. It am familiar with, and acceptable of the obligations of registered agent.  Signature Insect or ormal name of imposterial agent and stell audication.  Inst.  Filling Fee is \$61.25  Delete  This inst.  Full process of changing its registered depending agent, or both, in the State of Florida. It am familiar with, and acceptable to process of the obligations of registered agent, or both, in the State of Florida. It am familiar with, and acceptable to process of the obligations of registered agent, or both, in the State of Florida. It am familiar with, and acceptable to process of the obligations of registered agent.  Signature Institute Obligations of registered agent, or both, in the State of Florida. It am familiar with, and acceptable to process of the obligations of registered agent, or both, in the State of Florida. It am familiar with, and acceptable to process of the obligations of registered agent, or both, in the State of Florida. It am familiar with, and acceptable to process of the obligations of registered agent, or both, in the State of Florida. It am familiar with, and acceptable to process of Florida Department of State of Florida Departme	Hong	and P. H	City & State	a 97	<u>—</u>						<del></del>
RAMOS, HARRY D 322 MONROE STREET SUITE 7 HOLLYWOOD, FL 33019  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  Filling Fee is \$61.25 Due by May 1, 2005  PO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  110. OFFICERS AND DIRECTORS  111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  110. WARRINO, PETER  MAKE MARK APPLIANCE OFFICERS AND DIRECTORS IN 10  110. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  110. A	3301	9 Usernya	33019	C Nu	SA		5. Certificate	of Status Desired		8.75 Ac	dditional
RAMRY D 322 MONROE STREET SUITE 7 HOLLYWOOD, FL 33019  City		6. Name and Address of Current Reg	istered Agent				7. Name and	Address of Nev	Registered A	gent	
SUTE TO BOWN named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  FILING Fee is \$61.25  Due by May 1, 2005  PD OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO THIS MAKE  MARKINO, PETER  MARKINO, PETER  MARKINO, PETER  SIBERI AUDRESS  CITY- 51-2P  BUFFALO, NY 14209  TITLE  SIGNATURE  VD OFFICERS SIGNATURE  SIRERI AUDRESS  CITY- 51-2P  TITLE  SIGNATURE  SIRERI AUDRESS  CITY- 51-2P  TITLE  MAKE  COATS, PETER D  Delete  TITLE  MAKE  COATS, PETER D  Delete  TITLE  MAKE  SIRERI AUDRESS  SIRE	DAMOC I	IABBY D		[	Name						
HOLLYWOOD, FL 33019    City   FL   Zip Code		· <del>-</del>		ŀ	Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. It em familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, hyped or crimed name of inquitered agent and title if applicable. (NOTE: Repistered Agent application (POTE: Repistered Agent app				-							
B. 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, speed or currised name of inequatived agent and side if appolicable.  [NOTE: Replaced Agent Experienced Agent	HOLLYW(	OOD, FL 33019									
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12. 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 report or a undergot of the section 119.07(3)(ii), Florida Statutes.	12. I hereby o	ertify that the information supplied with this f	iling does not qualify for	the exemi	ntion stated in	in Section	n 119 07(3)(i)	Florida Statutes	I further certify	that the in	formation

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 chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/05

954-620-6315

Daytime Phone #