


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N30409 (9)**  
1. Corporation Name  
**THE ALHAMBRA AT CORAL LAKES HOMEOWNERS' ASSOCIATION, INC.**



|  |   |
|--|---|
| Principal Place of Business<br>1550 MADRUGA AVENUE<br>SUITE 200<br>CORAL GABLES FL 33146<br>US | Mailing Address<br>P.O. BOX 430684<br>MIAMI FL 33243-0684<br>US |
|--|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>01/30/1989</b> | 3a. Date of Last Report<br><b>05/01/1996</b> |
|--|--|

|  |  |
|--|--|
| 21. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip<br>Country | 22. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip<br>Country |
|--|--|

|  |   |
|--|---|
| 4. FEI Number<br><b>65-0188527</b>   | Applied For<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required   |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |

9. Name and Address of Current Registered Agent  
**SKRLD, INC  
201 ALHAMBRA CIRCLE  
STE 1102  
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   |
| 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | PD                         | <input type="checkbox"/> DELETE            |
| NAME           | <b>BANDIN, ROBERT</b>      |  |
| STREET ADDRESS | <b>103 NW 86TH PLACE</b>   |  |
| CITY-ST-ZIP    | <b>MIAMI FL</b>            |  |
| TITLE          | TD                         | <input type="checkbox"/> DELETE            |
| NAME           | <b>VALENCIA, HAYDE</b>     |  |
| STREET ADDRESS | <b>8648 NW 2ND TERRACE</b> |  |
| CITY-ST-ZIP    | <b>MIAMI FL</b>            |  |
| TITLE          | SD                         | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>FERNANDEZ, PEDRO</b>    |  |
| STREET ADDRESS | <b>8587 NW 1 TERRACE</b>   |  |
| CITY-ST-ZIP    | <b>MIAMI FL</b>            |  |
| TITLE          |                            | <input type="checkbox"/> DELETE            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> DELETE            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> DELETE            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |

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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>S/D PEDRO A. ALCOCER</b>  |
| 3.3 STREET ADDRESS | <b>8587 NW 2ND STREET</b>  |
| 3.4 CITY-ST-ZIP    | <b>MIAMI, FL 33126</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          | <input 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 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: Pedro Alcocer **Pedro Alcocer** 4/19/97 305 2677960  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033963

CR2E037 (9/96)