

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N30409 (9)**

1. Corporation Name  
**THE ALHAMBRA AT CORAL LAKES HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <del>1550 MADRUGA AVENUE</del> <del>SUITE 800</del> <b>CORAL GABLES FL 33146</b> US	Mailing Address <del>P.O. BOX 130004</del> <del>MIAMI FL 33240-0004</del> <del>US</del>
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3. Date Incorporated or Qualified <b>01/30/1989</b>	4. FEI Number <b>65-0188527</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 <b>9380 S.W. 72 STREET</b> Suite, Apt. #, etc. 22 <b>SUITE B214</b> City & State 23 <b>MIAMI, FL</b> Zip 24 <b>33173</b>	2a. Mailing Address 25 <b>P.O. BOX 830273</b> Suite, Apt. #, etc. 27 City & State 28 <b>MIAMI, FL</b> Zip 29 <b>33283-0273</b>	Country 30
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input 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 type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

~~SKILD, INC.~~  
~~201 ALHAMBRA CIRCLE~~  
~~STE 1102~~  
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name <b>DENNIS J. EISINGER</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4000 HOLLYWOOD BOULEVARD</b>
83 <b>SUITE 265 SOUTH</b>
84 City <b>HOLLYWOOD</b>
85 State <b>FL</b>
86 Zip Code <b>33021</b>

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **April 17, 1998**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD PUENTES, ALBERT 8639 N.W. 3 STREET MIAMI, FL 33126</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>TD MADERA, JORGE L. 350 N.W. 86 COURT MIAMI, FL 33126</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 addendum.

SIGNATURE: **ALBERT PUENTES** *[Signature]* **4/15/98**

CR2E037 (10/97)