

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90372 026 ****61.25

DOCUMENT # N30409

1. Entity Name

THE ALHAMBRA AT CORAL LAKES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9380 SW 72ND ST
 SUITE B-214
 MIAMI FL 33173
 US

P.O. BOX 830273
 MIAMI FL 33283
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0188527

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EISINGER, DENNIS J
 4000 HOLLYWOOD BLVD
 SUITE 285 SOUTH
 HOLLYWOOD FL 33021

Name

ALBERT PUENTES

Street Address (P.O. Box Number is Not Acceptable)

8637 NW 3RD STREET

City

Miami

FL

Zip Code

33126

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.

SIGNATURE

[Handwritten Signature]

[Handwritten Date: 4/9/02]

Signature of the current registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PUENTES, ALBERT	
STREET ADDRESS	8639 NW 3RD ST	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VALDES, MANUEL	
STREET ADDRESS	161 NW 85 PLACE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALCOCER, PEDRO A.	
STREET ADDRESS	8587 NW 2ND STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Date: 4/9/02] *[Handwritten Phone: 305 264 0617]*
 Date Daytime Phone #

CR2E037 (9/01)