

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90047 028 \*\*\*\*61.25

**DOCUMENT # N30409**

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



Principal Place of Business  
12301 SW 132 CT  
STE 102  
MIAMI, FL 33186 US

Mailing Address  
9595 N. KENDALL DRIVE  
205  
MIAMI, FL 33176 US

94046103



2. Principal Place of Business

3. Mailing Address

P.O. Box 830273

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03252004 Chg-NP CR2E037 (10/03)

City & State

City & State  
MIAMI, FL 33283-0273

4. FEI Number  
65-0188527

Applied For  
Not Applicable

Zip

Country

Zip  
33283-0273

Country  
US

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUENTES, ALBERT  
8637 NW 3RD STREET  
MIAMI, FL 33126

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$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 PD  Delete  
NAME PUENTES, ALBERT  
STREET ADDRESS 8639 NW 3RD ST  
CITY-ST-ZIP MIAMI, FL 33126

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  Delete  
NAME ALCOGER, PEDRO A  
STREET ADDRESS 8587 NW 2ND STREET  
CITY-ST-ZIP MIAMI, FL 33126

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  Delete  
NAME ALCOGER, PEDRO A.  
STREET ADDRESS 8587 NW 2ND STREET  
CITY-ST-ZIP MIAMI, FL

TITLE  Change  Addition  
NAME T MANUEL VAIDES  
STREET ADDRESS 161 NW 85 PLACE  
CITY-ST-ZIP MIAMI, FL 33126

TITLE SD  Delete  
NAME GOMEZ, JORGE  
STREET ADDRESS 8627 NW 1 LANE  
CITY-ST-ZIP MIAMI, FL 33126

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/30/04

305 596 2945