


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90234 022 ****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
 PO BOX 830273
 MIAMI, FL 33283-0273 US



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04082005 Chg-NP CR2E037 (10/03)

4. FEI Number
 65-0188527

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____

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

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

Filing Fee is \$61.25 Due by May 1, 2005

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PUENTES, ALBERT	
STREET ADDRESS	8639 NW 3RD ST	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALCOCER, PEDRO A	
STREET ADDRESS	8587 NW 2ND STREET	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	I	<input type="checkbox"/> Delete
NAME	VAIDES, MANUEL	
STREET ADDRESS	161 NW 85 PLACE	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GOMEZ, JORGE	
STREET ADDRESS	8627 NW 1 LANE	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, CHARLENE	
STREET ADDRESS	8604 NW 1 STREET	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____