

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

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
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03212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0188527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

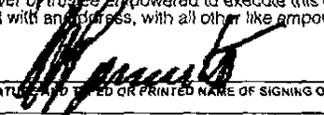
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUENTES, ALBERT 8639 NW 3RD ST MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALCOCER, PEDRO A 8587 NW 2ND STREET MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAIDES, MANUEL 181 NW 85 PLACE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMAS, CHARLENE 8664 NW 1 STREET MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/18/06-80064-004 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:  **3/31/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #