


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N30409</b> 1. Entity Name <b>THE ALHAMBRA AT CORAL LAKES HOMEOWNERS' ASSOCIATION, INC.</b>	
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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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**DO NOT WRITE IN THIS SPACE**



03222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0188527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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, 2007**

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

U00000701429  
 04/20/07-80057-014 61.25

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 161 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	

**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 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: A. Puentes Manuel Vaides 4/5/07

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