


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90029 002 \*\*\*\*61.25

<b>DOCUMENT # N30409</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03242008 Chg-NP CR2E037 (12/06)	
Zip		Country		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			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		
			<b>FL</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PUENTES, ALBERT		NAME	Jorge Madera	
STREET ADDRESS	8639 NW 3RD ST		STREET ADDRESS	350 NW 86TH COURT	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCOCER, PEDRO A		NAME		
STREET ADDRESS	8587 NW 2ND STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAIDES, MANUEL		NAME		
STREET ADDRESS	161 NW 85 PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, CHARLENE		NAME		
STREET ADDRESS	8664 NW 1 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>A. Puentes</u>			Date: <u>4/2/08</u>		Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					