

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30409

FILED
Mar 26, 2009
Secretary of State

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

Current Principal Place of Business:

12301 SW 132 CT
STE 102
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 830273
MIAMI, FL 332830273 US

New Mailing Address:

FEI Number: 65-0188527 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PUENTES, ALBERT
Address: 8639 NW 3RD ST
City-St-Zip: MIAMI, FL 33126

Title: VD () Delete
Name: ALCOCER, PEDRO A
Address: 8587 NW 2ND STREET
City-St-Zip: MIAMI, FL 33126

Title: T () Delete
Name: VAIDES, MANUEL
Address: 161 NW 85 PLACE
City-St-Zip: MIAMI, FL 33126

Title: SD () Delete
Name: THOMAS, CHARLENE
Address: 8664 NW 1 STREET
City-St-Zip: MIAMI, FL 33126

Title: D (X) Delete
Name: MADERA, JORGE
Address: 350 NW 86TH CRT
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT PUENTES

PD

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date