


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90016 042 ****61.25

DOCUMENT # N46741

1. Entity Name
ONE ALHAMBRA CIRCLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business ONE ALHAMBRA CIRCLE #608 CORAL GABLES, FL 33134 US	Mailing Address ONE ALHAMBRA CIRCLE #608 CORAL GABLES, FL 33134 US
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01102006 - No Chg-NP. CR2E037 (11/05)

4. FEI Number 65-0357144	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

**GOUDIE, EILEEN M.
 1 ALHAMBRA CIR.
 #608
 CORAL GABLES, FL 33134**

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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 *Eileen M Goudie* registered agent 3-06-06
Signature, typed or printed name of registered agent and title if applicable. (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 XXXXXXXXXX Hernandez, Hernan 1 ALHAMBRA CIRCLE #200 606 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONSTANZO, MAGDA 1 ALHAMBRA CIRCLE #604 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD XXXXXXXXXX Patricia Rico 1 ALHAMBRA CIRCLE #607 CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Eileen M Goudie* 3-6-06 305 444-0191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #