
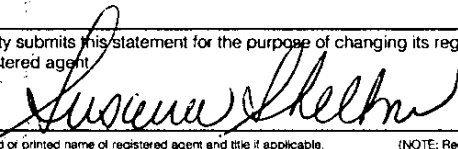
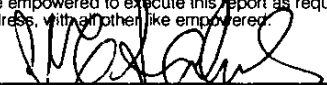


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90025 035 ****70.00

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address THE SHELTON MANAGEMENT GROUP	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1100 EL RADO Street	
City & State		City & State CORAL GABLES	
Zip		Zip 33114	
Country		Country U.S.A.	
4. FEI Number 65-0357144		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" 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		7. Name and Address of New Registered Agent Name SUSANA SHELTON Street Address (P.O. Box Number is Not Acceptable) 1100 EL RADO Street City CORAL GABLES FL Zip Code 33114	
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 1/25/08	
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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME CONSTANZO, MAGDA STREET ADDRESS 1ALHAMBRA CIR 504 CITY-ST-ZIP CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE P.D. NAME CARMEN VILLARES STREET ADDRESS 1 ALHAMBRA CIRCLE Apt. 506 CITY-ST-ZIP CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME RICO, PATRICIA STREET ADDRESS 1 ALHAMBRACIR 504 CITY-ST-ZIP CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE PD NAME MARCELO R. SALUP STREET ADDRESS 1 ALHAMBRA CIRCLE Apt. 406 CITY-ST-ZIP CORAL GABLES, FL. 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME PAUL, JAMES STREET ADDRESS 1 ALHAMBRA CIR 405 CITY-ST-ZIP CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE SD NAME MARY YNGERTO STREET ADDRESS 1 ALHAMBRA CIRCLE Apt. 205 CITY-ST-ZIP CORAL GABLES, FL. 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowers.			
SIGNATURE: 		DATE 1/29/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARCELO R. SALUP		Daytime Phone # (305) 567-3148	

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