

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000871

FILED  
Apr 18, 2008  
Secretary of State

**Entity Name:** ALHAMBRA VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

500 EAST CYPRESS PARKWAY  
KISSIMMEE, FL 34759

**New Principal Place of Business:**

**Current Mailing Address:**

700 W. GRANADA BLVD.  
SUITE 201  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 65-0727802

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

A G C COMPANY  
200 S ORANGE AVENUE  
SUITE 2300  
ORLANDO, FL 32801 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: FOWLER, C J  
Address: 700 S.W. GRANADA BLVD., SUITE 201  
City-St-Zip: ORMOND BEACH, FL 32174

Title: TSD ( ) Delete  
Name: GARNER, T R  
Address: 700 W. GRANADA BLVD., SUITE 201  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VSD ( ) Delete  
Name: CARTER, FRIEDA  
Address: 700 W. GRANADA BLVD., SUITE 201  
City-St-Zip: ORMOND BEACH, FL 32174

**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:

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: STACY ROBBINS

MGRM

04/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date