

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 OCT -7 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000005340					
1. Entity Name ALHAMBRA CENTER CONDOMINIUM OWNERS' ASSOCIATION, INC.					
Principal Place of Business TWO ALHAMBRA PLAZA SUITE 107 CORAL GABLES, FL 33134			Mailing Address TWO ALHAMBRA PLAZA SUITE 107 CORAL GABLES, FL 33134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0850770	
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		
AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVENUE 28TH FLOOR MIAMI, FL 33131			Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET City TALLAHASSEE		
FL			Zip Code 32301		
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		Jeanine Reynolds as its agent		DATE 10-7-04	
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY - ST - ZIP	BROO KSFFER, DAVID M <input checked="" type="checkbox"/> Delete TWO ALHAMBRA PLAZA, STE. 107 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR DOBBS, JOE D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TWO ALHAMBRA PLAZA, SUITE 107 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MAROULIS, NIKOL <input checked="" type="checkbox"/> Delete TWO ALHAMBRA PLAZA, STE. 107 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR BOROT, RENEE HERNANDEZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TWO ALHAMBRA PLAZA, SUITE 107 CORAL GABLES, FL 33134	
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 exemption stated in Section 119.07(3)(i), 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 prepare 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 officers empowered.					
SIGNATURE:		JOE D. DOBBS, DIRECTOR			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	