

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 05, 2011**  
**Secretary of State**

DOCUMENT# N97000005340

**Entity Name:** ALHAMBRA CENTER CONDOMINIUM OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**TWO ALHAMBRA PLAZA  
SUITE 107  
CORAL GABLES, FL 33134**New Principal Place of Business:****Current Mailing Address:**TWO ALHAMBRA PLAZA  
SUITE 107  
CORAL GABLES, FL 33134**New Mailing Address:****FEI Number:** 65-0850770**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CORPORATION SERVICES COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** PRES  
**Name:** GUAJARDO, TREY  
**Address:** 9830 COLONNADE BLVD, STE 600  
**City-St-Zip:** SAN ANTONIO, TX 78230**Title:** D  
**Name:** CHELEDEN, CHAD F  
**Address:** TWO ALHAMBRA PLAZA, STE 107  
**City-St-Zip:** CORAL GABLES, FL 33134**Title:** D  
**Name:** MACKEY, JOHN D  
**Address:** 14185 DALLAS PARKWAY, SUITE 1100  
**City-St-Zip:** DALLAS, TX 75254 US

I hereby 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 all other like empowered.

SIGNATURE: CHAD F. CHELEDEN, LCAM

D

07/05/2011

Electronic Signature of Signing Officer or Director

Date