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Apr 16, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P26771

1. Corporation Name

ALHAMBRA GABLES ONE, INC.

Principal Place of Business

Mailing Address

8000 Robert F. McDermott Fwy Suite 600 San Antonio, TX 78230-3884

8000 Robert F. McDermott Fwy Suite 600 San Antonio, TX 78230-3884

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/07/1989

2. Principal Place of Business

2a. Mailing Address

21 **9830 Colonnade Blvd.**

26 **9830 Colonnade Blvd.**

4. FEI Number

Applied For

74-2553479

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 600**

27 **Suite 600**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State

City & State

23 **San Antonio, TX**

28 **San Antonio, TX**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country

Zip Country

24 **78230-2239** 25 **USA**

29 **78230-2239** 30 **USA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT Corporation System
 1200 S. Pine Island Road
 Plantation, FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CDP** DELETE
 NAME **Edward B. Kelley**
 STREET ADDRESS **9830 Colonnade Blvd., Suite 600**
 CITY-ST-ZIP **San Antonio, TX 78230-2239**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **DSVP** DELETE
 NAME **T. Patrick Duncan**
 STREET ADDRESS **9830 Colonnade Blvd., Suite 600**
 CITY-ST-ZIP **San Antonio, TX 78230-2239**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **DVS** DELETE
 NAME **Randal R. Seewald**
 STREET ADDRESS **9830 Colonnade, Suite 600**
 CITY-ST-ZIP **San Antonio, TX 78230-2239**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **VT** DELETE
 NAME **David M. Holmes**
 STREET ADDRESS **9830 Colonnade Blvd., Suite 600**
 CITY-ST-ZIP **San Antonio, TX 78230-2239**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE **V** DELETE
 NAME **S. Wayne Peacock**
 STREET ADDRESS **9830 Colonnade Blvd., Suite 600**
 CITY-ST-ZIP **San Antonio, TX 78230-2239**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE **V** DELETE
 NAME **Susan T. Wallace**
 STREET ADDRESS **9830 Colonnade Blvd., Suite 600**
 CITY-ST-ZIP **San Antonio, TX 78230-2239**

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **Randal R. Seewald**
 VP/Secretary

3/29/99

(210) 498-7993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)