

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757113

**Entity Name:** ALHAMBRA CIRCLE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

9595 TOLEDO LANE  
DAVIE, FL 33324

**Current Mailing Address:**

P.O. BOX 802  
POMPANO BEACH, FL 33061 US

**FEI Number:** 59-2192247

**Certificate of Status Desired:** No

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

TMG MANAGEMENT  
631 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33060 US

*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

**Officer/Director Detail :**

Title P  
Name MALCOLM, CHRIS  
Address 2345 EL CID COURT  
City-State-Zip: DAVIE FL 33324

Title DIRECTOR  
Name LAPIERRE, MARGARET  
Address P.O. BOX 802  
City-State-Zip: POMPANO BEACH FL 33061

Title SECRETARY  
Name MARSTEIN, RANDI  
Address P.O. BOX 802  
City-State-Zip: POMPANO BEACH FL 33061

Title TREASURER  
Name MOYE, JOAN  
Address PO BOX 802  
City-State-Zip: POMPANO BEACH FL 33061

Title VP  
Name LOBUE, CARL  
Address 2245 EL CID COURT  
City-State-Zip: DAVIE FL 33324

*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:** CHRIS MALCOLM

**PRESIDENT**

**04/26/2016**

Electronic Signature of Signing Officer/Director Detail

Date