

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 757113

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

**Current Principal Place of Business:**

820 SOUTH STATE ROAD 7  
PLANTATION, FL 33317

**Current Mailing Address:**

820 SOUTH STATE ROAD 7  
PLANTATION, FL 33317 US

**FEI Number:** 59-2192247

**Certificate of Status Desired:** No

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

WEST BROWARD COMMUNITY MANAGEMENT  
820 SOUTH STATE ROAD 7  
PLANTATION, FL 33317 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:** ANGELA FIORE

06/09/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ROSENBERG, PAULA  
Address        9555 TOLEDO LANE  
City-State-Zip: DAVIE FL 33324

Title            SECRETARY  
Name            SULLIVAN, TERRI  
Address        2235 EL CID COURT  
City-State-Zip: DAVIE FL 33324

Title            TREASURER  
Name            VARGAS, MARIA  
Address        9545 TOLEDO LANE  
City-State-Zip: DAVIE FL 33324

Title            VP  
Name            FRITZ, SHERRYE  
Address        9535 TOLEDO LANE  
City-State-Zip: DAVIE FL 33324

Title            DIRECTOR  
Name            PERMAUL, BRUCE  
Address        2210 MALAGA COURT  
City-State-Zip: DAVIE FL 33324

Title            DIRECTOR  
Name            RODRIGUES, SUSAN  
Address        9565 TOLEDO LANE  
City-State-Zip: DAVIE FL 33324

Title            DIRECTOR  
Name            FORCUCCI, CHARLES  
Address        2260 MALAGA COURT  
City-State-Zip: DAVIE FL 33324

Title            DIRECTOR  
Name            GARDNER, WALTER  
Address        2325 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:** PAULA ROSENBERG

PRESIDENT

06/09/2021

Electronic Signature of Signing Officer/Director Detail

Date