

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000004580

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

**FILED**  
**Apr 15, 2022**  
**Secretary of State**  
**9471290436CC**

**Current Principal Place of Business:**

C/O THE CAPIN GROUP  
7787 NW 146TH STREET  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

C/O THE CAPIN GROUP  
7787 NW 146TH STREET  
MIAMI LAKES, FL 33016 US

**FEI Number: 65-0737586**

**Certificate of Status Desired: No**

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

FRANK PEREZ-SIAM, P.A.  
7001 SW 87TH COURT  
MIAMI, FL 33173 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: DANIEL LOPEZ**

**04/15/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name TOMBLEY, ED  
Address C/O THE CAPIN GROUP  
7787 NW 146TH STREET  
City-State-Zip: MIAMI LAKES FL 33016

Title DIRECTOR  
Name SALGADO, MERCEDES  
Address C/O THE CAPIN GROUP  
7787 NW 146TH STREET  
City-State-Zip: MIAMI LAKES FL 33016

Title TREASURER  
Name DILLEHAY, SHANNON  
Address C/O THE CAPIN GROUP  
7787 NW 146TH STREET  
City-State-Zip: MIAMI LAKES FL 33016

Title SECRETARY  
Name RODRIGUEZ, NANCY  
Address C/O THE CAPIN GROUP  
7787 NW 146TH STREET  
City-State-Zip: MIAMI LAKES FL 33016

Title PRESIDENT  
Name REIDINGER, JOHN  
Address C/O THE CAPIN GROUP  
7787 NW 146TH STREET  
City-State-Zip: MIAMI LAKES FL 33016

Title DIRECTOR  
Name HOGARTH, FARAH  
Address C/O THE CAPIN GROUP  
7787 NW 146TH STREET  
City-State-Zip: MIAMI LAKES FL

Title DIRECTOR  
Name O'DONALD, TRACEY  
Address C/O THE CAPIN GROUP  
7787 NW 146TH STREET  
City-State-Zip: MIAMI LAKES FL 33016

*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: JOHN REIDINGER**

**PRESIDENT**

**04/15/2022**

Electronic Signature of Signing Officer/Director Detail

Date