


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90208 042 ***150.00

DOCUMENT # 355519

1. Entity Name
THE AMBASSADOR HOTEL COOPERATIVE APARTMENTS CORP.



Principal Place of Business Mailing Address

COOPERATIVE APARTMENTS CORP
2730 SOUTH OCEAN BOULEVARD
PALM BEACH, FL 33480

COOPERATIVE APARTMENTS CORP
2730 SOUTH OCEAN BOULEVARD
PALM BEACH, FL 33480

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04262005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

59-1278041 Not Applicable

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

6. Name and Address of Current Registered Agent

SISKIND, JEFFREY
2730 S OCEAN BLVD
PALM BEACH, FL 33480

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE **C-P** Delete

NAME **WESHAW, FREDERICK**

STREET ADDRESS **111 BLACK ROCK ROAD**

CITY - ST - ZIP **STAMFORD, CT 06903**

TITLE **D** Delete

NAME ~~**BRILL, MALCOLM**~~

STREET ADDRESS ~~**2730 S OCEAN BLVD**~~

CITY - ST - ZIP ~~**PALM BEACH, FL**~~

TITLE **D** Delete

NAME **CHORNA, JULES**

STREET ADDRESS **2730 SOUTH OCEAN BOULEVARD**

CITY - ST - ZIP **PALM BEACH, FL 33480**

TITLE **C-P** Delete

NAME **BARASCH, PHYLLIS**

STREET ADDRESS **2730 SO OCEAN BLVD**

CITY - ST - ZIP **PALM BEACH, FL 33480**

TITLE **VP** Delete

NAME **TARSHIS, LAURENCE**

STREET ADDRESS **2730 SOUTH OCEAN BOULEVARD**

CITY - ST - ZIP **PALM BEACH, FL 33480**

TITLE **D** Delete

NAME **FRANKEL, PEGGY**

STREET ADDRESS **2730 S OCEAN BLVD**

CITY - ST - ZIP **PALM BEACH, FL 33480**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE **D** Change Addition

NAME **EILEEN FINKEL**

STREET ADDRESS **200 EAST 66TH ST - C 1502**

CITY - ST - ZIP **NEW YORK, NY 10021**

TITLE Change Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Phyllis P. Barasch* **Phyllis P. BARASCH** **4/26/05** **561-582-2511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #