

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90074 039 ***150.00

DOCUMENT # 355519

1. Entity Name
**THE AMBASSADOR HOTEL COOPERATIVE
APARTMENTS CORP.**



Principal Place of Business
**COOPERATIVE APARTMENTS CORP
2730 SOUTH OCEAN BOULEVARD
PALM BEACH, FL 33480**

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

50001386



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-1278041

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITEHEAD, WILLIAM K
2730 SOUTH OCEAN BOULEVARD
PALM BEACH, FL 33480**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete
NAME **WESHAW, FREDERICK**
STREET ADDRESS **111 BLACK ROCK ROAD**
CITY-ST-ZIP **STAMFORD, CT 06903**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FINKEL, EILEEN**
STREET ADDRESS **200 E 66TH ST C 1502**
CITY-ST-ZIP **NEW YORK, NY 10021**

TITLE ☒ Change ☐ Addition
NAME **Finkel Eileen**
STREET ADDRESS **200 E. 66th St C 1502**
CITY-ST-ZIP **New York, NY 10021**

TITLE **T** ☐ Delete
NAME **CHORNA, JULES**
STREET ADDRESS **2730 SOUTH OCEAN BOULEVARD**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE ☒ Change ☐ Addition
NAME **Chorna, Jules**
STREET ADDRESS **2730 South Ocean Blvd**
CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE **P** ☐ Delete
NAME **BARASCH, PHYLLIS**
STREET ADDRESS **2730 SO OCEAN BLVD**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE ☒ Change ☐ Addition
NAME **Barasch, Phyllis**
STREET ADDRESS **2730 South Ocean Blvd**
CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE **S** ☐ Delete
NAME **LEVINSON, KATHLEEN**
STREET ADDRESS **2730 SO. OCEAN BLVD**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE ☒ Change ☐ Addition
NAME **Levinson, Kathleen**
STREET ADDRESS **2730 South Ocean Blvd**
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**

TITLE ☐ Change ☒ Addition
NAME **John C. McLaughlin**
STREET ADDRESS **2730 South Ocean Blvd.**
CITY-ST-ZIP **Palm Beach, FL 33480**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Kathleen Levinson
Kathleen Levinson
President

3/17/08

561-582-2511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

~~50001386~~ ATTACHMENT
355519

Addition:

D
Reilly, William J.
2730 South Ocean Blvd
Palm Beach, FL 33480