


**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      Mailing Address

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

**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      Applied For

**59-1278041**      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	
<b>WHITEHEAD, WILLIAM K</b> <b>2730 SOUTH OCEAN BOULEVARD</b> <b>PALM BEACH, FL 33480</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
		<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESHAW, FREDERICK	NAME	
STREET ADDRESS	111 BLACK ROCK ROAD	STREET ADDRESS	
CITY-ST-ZIP	STAMFORD, CT 06903	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINKEL, EILEEN	NAME	FINKEL EILEEN
STREET ADDRESS	200 E 66TH ST C 1502	STREET ADDRESS	200 E. 66TH ST C 1502
CITY-ST-ZIP	NEW YORK, NY 10021	CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	T <input type="checkbox"/> Delete	TITLE	AT/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHORNA, JULES	NAME	CHORNA, JULES
STREET ADDRESS	2730 SOUTH OCEAN BOULEVARD	STREET ADDRESS	2730 SOUTH OCEAN BLVD
CITY-ST-ZIP	PALM BEACH, FL 33480	CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	P <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARASCH, PHYLLIS	NAME	BARASCH, PHYLLIS
STREET ADDRESS	2730 SO OCEAN BLVD	STREET ADDRESS	2730 SOUTH OCEAN BLVD
CITY-ST-ZIP	PALM BEACH, FL 33480	CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	S <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINSON, KATHLEEN	NAME	LEVINSON, KATHLEEN
STREET ADDRESS	2730 SO. OCEAN BLVD	STREET ADDRESS	2730 SOUTH OCEAN BLVD
CITY-ST-ZIP	PALM BEACH, FL 33480	CITY-ST-ZIP	PALM BEACH, FL. 33480
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANKEL, PEGGY	NAME	JOHN C. McLAUGHLIN
STREET ADDRESS	2730 S OCEAN BLVD	STREET ADDRESS	2730 SOUTH OCEAN BLVD.
CITY-ST-ZIP	PALM BEACH, FL 33480	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*      President      **KATHLEEN LEVINSON**      President      3/17/08      561-582-2511

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

~~5000138~~ ATTACHMENT  
# 355519

Addition:

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