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NONPROFIT CORPORATION ANNUAL REPORT 1999

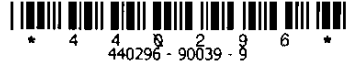


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 755592

1. Corporation Name

L'AMBIANCE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

23123 STATE ROAD 7
 SUITE 350A
 BOCA RATON FL 33428
 US

P O BOX 97-0069
 BOCA RATON FL 33497 0069
 US

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
 12/13/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 59-2082064

Applied For
 Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PALOMBI, GARY
 23123 STATE ROAD 7
 SUITE 350-A
 BOCA RATON FL 33428

81 Name CAMPBELL PROPERTY MANAGEMENT
 82 Street Address (P.O. Box Number is Not Acceptable) 1215 E. HILLSBORO BLVD.
 83 DEERFIELD BEACH
 84 City DEERFIELD BEACH FL 85 Zip Code 33441

11. Pursuant to the provisions of Sections 617.0502 and 617.1208 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE:

4/23/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	AYTON, MARLEEN	
STREET ADDRESS	6536 LAS FLORES DR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	EVANS, WILLIAM	
STREET ADDRESS	6120 VIA TIERRA DR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DALY, ROBERT	
STREET ADDRESS	611 LAS FLORES DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRYOR, BILL	
STREET ADDRESS	6498 LAS FLORES	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WAGNER, JOYCE	
STREET ADDRESS	6370 LAS FLORES DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDMAN, TOM	
STREET ADDRESS	6632 LAS FLORES DR	
CITY-ST-ZIP	BOCA RATON FL	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GARY BUDD
1.3 STREET ADDRESS	6506 LAS FLORES DRIVE
1.4 CITY-ST-ZIP	BOCA RATON, FL 33433
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D SEEMAN, BEAU
3.3 STREET ADDRESS	6301 LAS FLORES DRIVE
3.4 CITY-ST-ZIP	BOCA RATON, FL 33433
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NORMAN LUGAR
4.3 STREET ADDRESS	6479 LAS FLORES DRIVE
4.4 CITY-ST-ZIP	BOCA RATON, FL 33433
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GARY SPLAIN
5.3 STREET ADDRESS	6160 VIA TIERRA
5.4 CITY-ST-ZIP	BOCA RATON, FL 33433
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CONRAD O'BRIEN
6.3 STREET ADDRESS	6200 VIA TIERRA
6.4 CITY-ST-ZIP	BOCA RATON, FL 33433

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE REQUIRED

April 22nd 1999 Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)