

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90173 023 ****61.25

DOCUMENT # **755592** ✓
 Entity Name
L'AMB IANCE HOMEOWNERS' Association, Inc.

Principal Place of Business
315 E. HILLSBORO BLVD
DEERFIELD BEACH, FL
33441

Mailing Address
 1215 E. HILLSBORO BLVD
 DEERFIELD BEACH FL 33441-4203



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

4. FEI Number
59-2082064
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CAMPBELL PROPERTY MGMT.
1215 E. HILLSBORO BLVD
DEERFIELD BCH FL 33441

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW:
 FEE IS \$61.25

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

Make Check Payable to
 Department of State

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
GARY BUDD		NAME	
6506 LAS FLORES DRIVE		STREET ADDRESS	
BOCA RATON, FL 33433		CITY-STATE-ZIP	
TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CONRAD O'BRIEN		NAME	
6200 VIA TIERRA		STREET ADDRESS	
BOCA RATON, FL 33433		CITY-STATE-ZIP	
W/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SUSAN STERN		NAME	
6486 LAS FLORES DRIVE		STREET ADDRESS	
BOCA RATON, FL 33433		CITY-STATE-ZIP	
BD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
BILL EVANS		NAME	
6120 VIA TIERRA		STREET ADDRESS	
BOCA RATON, FL 33433		CITY-STATE-ZIP	
D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
BETTY BEAU SEEMANN		NAME	
6301 LAS FLORES		STREET ADDRESS	
BOCA RATON, FL 33433		CITY-STATE-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-STATE-ZIP	

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if checked, or on an attachment with an address, with all other like empowered.

Dory Budd
 SIGNATURE

4/4/00 **954-427-8770**
 DATE DAYTIME PHONE NO