


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 759832</b> 1. Entity Name AMBASSADOR EAST CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 436 KNOWLES AVE (WINTER PARK, FL 32789) WINTER PARK, FL 32789 US	Mailing Address PO BOX 1132 WINTER PARK, FL 32790 US
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<b>DO NOT WRITE IN THIS SPACE</b>
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04142004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2852409	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BLACK, WILLIAM H., JR. 1615 ALGONQUIN TRAIL MAITLAND, FL 32751
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 registering)  
Signature, typed or printed name of registered agent and title if applicable DATE

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000125461 04/22/04-80086-018 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLACK, WILLIAM H., JR. 1615 ALGONQUIN TRAIL MAITLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BLACK, WILLIAM H. 1615 ALGONQUIN TRAIL MAITLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BLACK, MICHAEL D. 1615 ALGONQUIN TRAIL MAITLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 617, 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.

<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____ Daytime Phone # _____
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