2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# 763425

Entity Name: AMBASSADOR BEACH OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

15617 FRONT BCH RD
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

15617 FRONT BCH RD
PANAMA CITY BEACH, FL 32413

New Mailing Address:

FEI Number: 59-2251052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWELL, SEABORN
309 WAUKESHA STREET
BONIFAY, FL 32425 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HOWELL, SEABORN
Address: 309 WAUKESHA STREET
City-St-Zip: BONIFAY, FL 32425

Title: VD (X) Delete
Name: UNGER, ERIK
Address: 4 SEWANEE CIRCLE
City-St-Zip: PANAMA CITY, FL 32405

Title: TD ( ) Delete
Name: MENGER, DONNA
Address: 4443 BAYWOOD DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: SD ( ) Delete
Name: FLOYD, JAMES
Address: 3246 MONTGOMERY HWY
City-St-Zip: DOTHAN, AL 36301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VTD (X) Change ( ) Addition
Name: MENGER, DONNA
Address: 4443 BAYWOOD DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEABORN HOWELL PD 04/30/2007

Electronic Signature of Signing Officer or Director — Date