


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

02-09-2004 90038 039 ****70.00

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1. Entity Name
L'AMBIANCE BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**4240 GALT OCEAN DRIVE
 FT LAUDERDALE, FL 33308**

Mailing Address
**4240 GALT OCEAN DRIVE
 FT LAUDERDALE, FL 33308**

66406452



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

01242004 Chg-NP CR2E037 (10/03)

4. FEI Number
36-4524452

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES INC
 500 E BROWARD BLVD STE 1400
 FT LAUDERDALE, FL 33394**

7. Name and Address of New Registered Agent

Name
Bernard S. Meyer

Street Address (P.O. Box Number is Not Acceptable)
**DCI
 2035 Harding Street**

City
Hollywood FL Zip Code
33020

B. 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 requesting)

Filing Fee is **\$81.25** Due by **May 1, 2004**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHTER, MORRIS 4240 GALT OCEAN DRIVE FT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD LAMONDIN, RICHARD 4240 GALT OCEAN DRIVE FT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BIMBAUM, HARVEY 4240 GALT OCEAN DRIVE FT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Chisholm, David 4240 Galt Ocean Drive Fort Lauderdale, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Elias, Ted 4240 Galt Ocean Drive Ft. Laud. FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Zenkich, Elias 4240 Galt Ocean Drive Fort Lauderdale, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Winter, Kim 4240 Galt Ocean Drive Fort Lauderdale, FL 33308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kirsch, Stanley 4240 Galt Ocean Drive Fort Lauderdale, FL 33308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:  DATE: **01/28/04** DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR