

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90069 004 ****61.25

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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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
36-4524452

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AKAM SOUTH INC
 6421 CONGRESS AVE
 BOCA RATON, FL 33487**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **WALLER, TERRY F**
 STREET ADDRESS **4240 GALT OCEAN DRIVE**
 CITY-ST-ZIP **FT LAUDERDALE, FL 33308**

TITLE **PRESIDENT** Change Addition
 NAME **THOMAS CROOK**
 STREET ADDRESS **4240 GALT OCEAN DR.**
 CITY-ST-ZIP **FT LAUDERDALE, FL 33308**

TITLE **2VP** Delete
 NAME **CROOK, THOMAS**
 STREET ADDRESS **4240 GALT OCEAN DRIVE**
 CITY-ST-ZIP **FT LAUDERDALE, FL 33308**

TITLE **1ST VICE PRESIDENT** Change Addition
 NAME **TERRY WALKER**
 STREET ADDRESS **4240 GALT OCEAN DR.**
 CITY-ST-ZIP **FT LAUDERDALE, FL 33308**

TITLE **1VP** Delete
 NAME **ZENKICH, ELIAS**
 STREET ADDRESS **4240 GALT OCEAN DRIVE**
 CITY-ST-ZIP **FT LAUDERDALE, FL 33308**

TITLE **2ND VICE PRESIDENT** Change Addition
 NAME **LEE GANTZ**
 STREET ADDRESS **4240 GALT OCEAN DR.**
 CITY-ST-ZIP **FT LAUDERDALE, FL 33308**

TITLE **T** Delete
 NAME **SANDER, WOLFGANG**
 STREET ADDRESS **4240 GALT OCEAN DR**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE **TREASURER** Change Addition
 NAME **JOSEPH SHAULL**
 STREET ADDRESS **4240 GALT OCEAN DR**
 CITY-ST-ZIP **FT LAUDERDALE, FL 33308**

TITLE **S** Delete
 NAME **GRANTZ, LEE**
 STREET ADDRESS **4240 GALT OCEAN DR**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE **SECRETARY** Change Addition
 NAME **LALIT AGRAWAL**
 STREET ADDRESS **4240 GALT OCEAN DR.**
 CITY-ST-ZIP **FT LAUDERDALE, FL 33308**

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/06 954-565-2980

Date

Daytime Phone #