FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N47930 (5)

1. Corporation Name

L'AMBIANCE AT LONGBOAT KEY CLUB CONDOMINIUM ASSO
CIATION, INC.

Principal Place of Business	Mailing Address
415 L'AMBIANCE DR LONGBOAT KEY FL 34228 US	3174 GULF MEXICO DR LONGBOAT KEY FL 34228 US

3. Date Incorporated or Qualified: 03/18/1992
3a. Date of Last Report: 04/19/1994
4. FEI Number: 65-0330478 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt #, etc (22)	Suite, Apt #, etc (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CALLANS, BETH
JMC PROPERTY MGMT.
3174 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	~~PD~~
NAME	~~DECKELBAUM, GORDON~~
STREET ADDRESS	~~401 LONGBOAT CLUB RD~~
CITY ST ZIP	~~LONGBOAT KEY FL~~
TITLE	VD
NAME	~~BORNSTEIN, MATTHEW~~
STREET ADDRESS	~~401 LONGBOAT CLUB RD~~
CITY ST ZIP	~~LONGBOAT KEY FL~~
TITLE	STD
NAME	~~RICHTER, MORRIS~~
STREET ADDRESS	~~401 LONGBOAT CLUB RD~~
CITY ST ZIP	~~LONGBOAT KEY FL~~
TITLE	~~D~~ PD
NAME	YABLIN, HAROLD
STREET ADDRESS	415 L'AMBIANCE DR
CITY ST ZIP	LONGBOAT KEY FL
TITLE	~~D~~ S
NAME	RONSON, HAROLD
STREET ADDRESS	415 L'AMBIANCE DR
CITY ST ZIP	LONGBOAT KEY FL
TITLE	VPD
NAME	Morton Siegler
STREET ADDRESS	435 L'Ambiance Dr.
CITY ST ZIP	Longboat Key, FL 34228

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	☒ Change ☐ Addition
1.2 NAME	Stanton Lipschutz	
1.3 STREET ADDRESS	435 L'Ambiance Dr.	
1.4 CITY ST ZIP	Longboat Key, FL 34228	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	Barbara Brizell	
2.3 STREET ADDRESS	435 L'Ambiance Dr.	
2.4 CITY ST ZIP	Longboat Key, FL 34228	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	Ron Nesper	
3.3 STREET ADDRESS	415 L'Ambiance Dr.	
3.4 CITY ST ZIP	Longboat Key, FL 34228	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	Andrea Bennett	
4.3 STREET ADDRESS	435 L'Ambiance Dr.	
4.4 CITY ST ZIP	Longboat Key, FL 34228	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harold Yablin — 4/15/95 — 819 383-2486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062000