	FILE NOW: FILI	NG FFF IS \$6	1 25						
NONPROFIT CORPORATION ANNUAL REPORT  1996  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					Ξ				
DOCU	MENT # N4793	0 (5)	2003		<u></u>				
L'AMB	BIANCE AT LONGBOAT KEY DN, INC.	• • •	I ASSO				I AU BARH BURA AI		ı Biğin ələri yedi
Principal Place of Business Mailing Address						-{   1,100,100, 8,10 4,181,100,10 1910 1910 4,111,0 9	MAN SUBNI DININ DI		
415 L'AMBIANCE DR LONGBOAT KEY FL 34228 US  3174 GULF MEXICO DR LONGBOAT KEY FL 34228 US  US									
2 Principal F	Place of Business		<del></del>			3. Date incorporated or Qualified 03/18/1992	3a. Date 6	of Last /01/1	Report 995
21. Frincipar F	race of Business	2a. Mailing Address				4. FEI Number 65-0330478		$\Box$	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<del></del>		037030476			Not Applicable
22         27           City & State         City & State				<del></del>	·	5. Certificate of Status Desired			Additional Required
28						Election Campaign Financing     Trust Fund Contribution			О мау Ве
<i>Z</i> ip	Country	Zip	Count	y		This corporation has liability for interest to the corporation of the corporation has liability for interest to the corporation of the corporation has liability for interest to the corporation has liab	tanoible tax ur	A00e	d to Fees
24	9. Name and Address of Current	Portotored Acces	30		-· · · · · · · · · · · · · · · · · · ·	Florida Statutes	Yes No		103.002,
	o. Hamo and Address of Culteria	uedistaten wägüt	8	1 Nam		10. Name and Address of New Re	gistered Age	nt	
CALLAN	is, Beth		L		_				
JMC PROPERTY MGMT.				2 Stree	et Addres	ss (P.O. Box Number is Not Acceptable	)		
3174 GULF OF MEXICO DR.				3	<del></del>				
LONGBOAT KEY FL 34228				City			<del></del>	1 2	
11 Duraugat	to the second se		1	1 - 7			FL  °	- 1	Code
or register	to the provisions of Sections 617.0502 a red agent, or both, in the State of Florida ith, and accept the obligations of, Sectio	and 617.1508, Florida Statutes a. Such change was authorized	, the above	named	corporat	ion submits this statement for the purpo	se of changir	g its r	egistered office
tamiliar wi SIGNATURE		- Contactor Contactor					imentas regi	stereo	agent, I am
12.	Signature, typed or printed name of registered agent ar OFFICERS AND		Registered Age	ant signatur	e required w		DATE		
TITLE	T	DELETE	13.		T .	ADDITIONS/CHANGES TO OFFICE			
NAME	LIPSCHULTZ, STANTON	Ljoreele	1.2 NAME				□ C1	ange	☐ Addition
STREET ADDRESS	435 L'AMBIANCE DR.			T ADDRESS					
CITY-ST-ZIP	LONGBOAT KEY FL		1.4 CITY-		´				
TITLE	D	DELETE	21 TITLE	V. E.,	†		Cr	vange	Addition
NAME	BRIZDLE, BARBARA		2.2 NAME					w.go	
STREET ADDRESS	415 L'AMBIANCE DR.		2.3 STREE	T ADDRESS					
CITY-ST-ZIP TITLE	LONGBOAT KEY FL STD	F-0.5.55	2. 4 CiTY -	ST-ZIP	J				
NAME	RICHTER, MORRIS	DELETE	3.1 TITLE				Ch	ange	Addition
STREET ADDRESS	401 LONGBOAT CLUB RD		32 NAME		1				,4
CITY-ST-ZIP	LONGBOAT KEY FL		3.3 STREE		1				ĺ
TITLE	D	DELETE	3.4. CITY - 4.1 TITLE	S ( - ZIP	<del> </del>				
NAME	BENNETT, ANDREA	Correct	4.1 IIILE 4.2 NAME				☐ Ch	ange	☐ Addition

LONGBOAT KEY FL CHTY-ST-ZIP 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 extachment with an address.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

43 STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

**SIGNATURE:** 

23 Zφ 24

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

NAME

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STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

435 L'AMBIANCE DR.

LONGBOAT KEY FL

RONSON, HAROLD

415 L'AMBIANCE DR

LONGBOAT KEY FL

SIEGLER, MORTON

435 L'AMBIANCE DR.

VDP

allans ER OR DIRECTOR

DELETE

DELETE

Change

<del>000001741320</del> -03/13/96--01043--011

\*\*\*61.25

Dete

Addition