

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90047 019 ****61.25

DOCUMENT # N47930

1. Equity Name

JAN 03 2001

L'AMBIANCE AT LONGBOAT KEY CLUB CONDOMINIUM ASSO

Principal Place of Business

Mailing Address

415 L'AMBIANCE DR
LONGBOAT KEY FL 34228
US

415 L'AMBIANCE DR
LONGBOAT KEY FL 34228
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0330478

Applied For

Not Applicable

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

Rochelle S.
PURSIFULL, RACHELLE-S
415 L'AMBIANCE DR
LONGBOAT KEY FL 34228

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILLIPS, HOWARD 435 LAMBRANCE DR #K706 LONGBOAT KEY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOEFFLER, CHERYL 415 L AMBIANCE DR C203 LONGBOAT KEY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LILL, ED 415 LAMBIANCE DR C404 LONGBOAT KEY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAUER, AMBERSON 435 LIAMBIANA DR, #601 LONGBOAT KEY FL 34228	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUELLER, RUDY 415 LAMBIANCE DR C703 LONGBOAT KEY FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP SIEGLER, MORTON 435 L AMBIANCE DR M608 LONGBOAT KEY FL	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Edward Lill President & Treasurer
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Director Ed Rhawn 415 L'Ambiance Dr. D206 Longboat Key, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Director

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

Date

Daytime Phone #

CR2E037 (10/00)