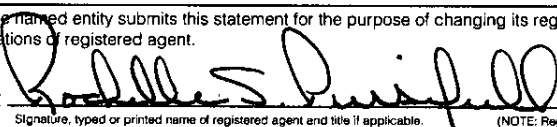


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90016 043 ****61.25

DOCUMENT # N47930 1. Entity Name L'AMBIANCE AT LONGBOAT KEY CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 415 L'AMBIANCE DR LONGBOAT KEY, FL 34228 US			Mailing Address 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		
6. Name and Address of Current Registered Agent PURSFULL, ROCHELLE S 415 LAMBIANCE DR LONGBOAT KEY, FL 34228				7. Name and Address of New Registered Agent 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. 1-8-04 DATE (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP		TITLE	☐ Change ☐ Addition	
NAME	BURTON, SACK ☐ Delete		NAME		
STREET ADDRESS	415 L'AMBIANCE DR., PHD		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	PASINI, GEORGE		NAME		
STREET ADDRESS	415 L AMIANCE DR., D-405		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP		
TITLE	PT ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	LILL, ED		NAME		
STREET ADDRESS	415 LAMBIANCE DR C404		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	WHITE, ROBERT		NAME		
STREET ADDRESS	435 L AMBIANCE DR., K-406		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	RHAWN, ED		NAME		
STREET ADDRESS	415 LAMBIANCE DR C703		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	ZACCONE, D.R.		NAME		
STREET ADDRESS	435 L AMBIANCE DR., H-402		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP		
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:  Edward J. Wilk 1/9/04 (941) 383-0492 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					