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95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **755592** **(3)**

1. Corporation Name

L'AMBIANCE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 27-2310 BOCA RATON FL 33427-9310	P O BOX 27-2310 BOCA RATON FL 33427-9310

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/18/1980
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2082064 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21 23123 STATE ROAD 7	26 P O BOX 2310
Suite, Apt. #, etc. 22 350 A	Suite, Apt. #, etc. 27
City & State 23 BOCA RATON, FL	City & State 28 BOCA RATON, FL
Zip 24 33428 Country 25	Zip 29 33427-2310 Country 30

9. Name and Address of Current Registered Agent

PALOMBI, GARY
~~0421 CONGRESS AVE #100~~ 23123 STATE ROAD 7
~~BOCA RATON FL 33487~~ SUITE 350A
BOCA RATON, FL 33428

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 _____ 04-25-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	11 TITLE	☐ Change ☐ Addition
NAME	AYTON, MARLENE MARLEEN	12 NAME	
STREET ADDRESS	6536 LAS FLORES DR	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	EVANS, WILLIAM	22 NAME	
STREET ADDRESS	6120 VIA TIERRA DR.	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	DALY, ROBERT	32 NAME	
STREET ADDRESS	611 LAS FLORES DR	33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	DIRECTOR BILL PRYOR 6498 LAS FLORES BOCA RATON, FL ☐ Change ☐ Addition
NAME	KLOCK, KATHY	42 NAME	
STREET ADDRESS	6540 QUINTANA PL	43 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	~~PRESIDENT~~ TREAS. GARY SPLAIN 6160 VIA TIERRA BOCA RATON, FL 33433 ☐ Change ☒ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	DIRECTOR ADMIRAL LIPPENHOLZ USN 6434 LAS FLORES DRIVE BOCA RATON, FL 33428 ☐ Change ☒ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Robert D Daly 04-25-95 401-477-9707
SIGNATURE AND TYPED OR PRINTED NAME OF (MANAGING) OFFICER OR DIRECTOR Date Daytime Phone #

0048132