FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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
23123 STATE ROAD 7 SUITE 350A BOCA RATON FL 33428 US	~~P O BOX 2310~~ ~~BOCA RATON FL 33427-9310~~ ~~US~~ **H.M.C.** **P.O. Box 97-0069** **Boca Raton, FL 33497-0069**

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

3. Date Incorporated or Qualified: 12/18/1980	3a. Date of Last Report: 05/01/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

PALOMBI, GARY
23123 STATE ROAD 7
SUITE 350-A
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Gary Palombi 4/1/96
Signature, typed or printed name of registered agent, and date signed (NOTE: Registered Agent signature required where indicated) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE	Director	☐ Change ☑ Addition
NAME	AYTON, MARLEEN		1.2 NAME	Kathy Klock	
STREET ADDRESS	6536 LAS FLORES DR		1.3 STREET ADDRESS	6540 Quintana Place	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	Boca Raton, FL	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, WILLIAM		2.2 NAME		
STREET ADDRESS	6120 VIA TIERRA DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DALY, ROBERT		3.2 NAME		
STREET ADDRESS	611 LAS FLORES DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PRYOR, BILL		4.2 NAME		
STREET ADDRESS	6498 LAS FLORES		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SPLAIN, GARY		5.2 NAME		
STREET ADDRESS	6160 VIA TIERRA		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LITZENBERGER, ROBERT		6.2 NAME		
STREET ADDRESS	6434 LAS FLORES DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 DALY 4/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #