

2001 UNIFORM BUSINESS REPORT (UBR)

05-22-2001 90025 026 ****61.25

DOCUMENT #

755592

1. Entity Name

L'AMBIANCE HOMEOWNERS ASSOCIATION, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 JUN 12 AM 10:33

Principal Place of Business

1215 E. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441
US

Mailing Address

1215 E. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441
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

59-2082064

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

CAMPBELL PROPERTY MGMT
1215 E HILLSBORO BLVD
DEERFIELD BEACH FL 33441

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 is 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	P/D	☒ DELETE
NAME	BUDD, GARY	
STREET ADDRESS	6506 LAS FLORES DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	VP/D	☒ DELETE
NAME	LUGER, NORMAN	
STREET ADDRESS	6479 LAS FLORES DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	T/D	☒ DELETE
NAME	COTHGEB, BRENT	
STREET ADDRESS	6518 LAS FLORES DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	S/D	☒ DELETE
NAME	ELIAS, BILL	
STREET ADDRESS	6120 VIA TIERRA	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		☒ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

954-467-8770

Daytime Phone #

CR2E037 (10/00)