

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759832

FILED
Jan 24, 2005
Secretary of State

Entity Name: AMBASSADOR EAST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

436 KNOWLES AVE (WINTER PARK, FL 32789)
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1132
WINTER PARK, FL 32790 US

New Mailing Address:

FEI Number: 59-2852409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACK, WILLIAM H., JR.
1615 ALGONQUIN TRAIL
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLACK, WILLIAM H., J. R.
Address: 1615 ALGONQUIN TRAIL
City-St-Zip: MAITLAND, FL

Title: SD () Delete
Name: BLACK, WILLIAM H.,
Address: 1615 ALGONQUIN TRAIL
City-St-Zip: MAITLAND, FL

Title: TD () Delete
Name: BLACK, MICHAEL D.,
Address: 1615 ALGONQUIN TRAIL
City-St-Zip: MAITLAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BLACK, WILLIAM H., J. R.
Address: 1615 ALGONQUIN TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: SD (X) Change () Addition
Name: BLACK, WILLIAM H.,
Address: 1615 ALGONQUIN TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: TD (X) Change () Addition
Name: BLACK, MICHAEL D.,
Address: 1615 ALGONQUIN TRAIL
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BLACK, WILLIAM H., JR.

PD

01/24/2005

Electronic Signature of Signing Officer or Director

Date