


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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<b>DOCUMENT # 355519</b> 1. Entity Name <b>THE AMBASSADOR HOTEL COOPERATIVE APARTMENTS CORP.</b>					
Principal Place of Business <b>COOPERATIVE APARTMENTS CORP 2730 SOUTH OCEAN BOULEVARD PALM BEACH, FL 33480</b>			Mailing Address <b>COOPERATIVE APARTMENTS CORP 2730 SOUTH OCEAN BOULEVARD PALM BEACH, FL 33480</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number <b>59-1278041</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SISKIND, JEFFREY 2730 S OCEAN BLVD PALM BEACH, FL 33480</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CO-P WESHAW, FREDERICK 111 BLACK ROCK ROAD STAMFORD, CT 06903		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FINKEL, EILEEN 200 E 66TH ST C 1502 NEW YORK, NY 10021		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHORNA, JULES 2730 SOUTH OCEAN BOULEVARD PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>S/T Chorna, Jules 2730 South Ocean Boulevard Palm Beach, FL 33480</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BARASCH, PHYLLIS 2730 SO OCEAN BLVD PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CO-P Barasch, Phyllis 2730 South Ocean Boulevard Palm Beach, FL 33480</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TARSHIS, LAURENCE 2730 SOUTH OCEAN BOULEVARD PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CO-P FRANKEL, PEGGY 2730 S OCEAN BLVD PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D Frankel, Peggy 2730 South Ocean Boulevard Palm Beach, FL 33480</b>	
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 607, 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.					
<b>SIGNATURE: Frederick Wershaw</b> Frederick Wershaw co-president 8/3/05 561-582-2511					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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