

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755592

**Entity Name:** L'AMBIANCE HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 25, 2017**  
**Secretary of State**  
**CC8348047063**

**Current Principal Place of Business:**

C/O FIRSTSERVICE RESIDENTIAL  
6300 PARK OF COMMERCE BOULEVARD  
BOCA RATON, FL 33487

**Current Mailing Address:**

C/O FIRSTSERVICE RESIDENTIAL  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487 US

**FEI Number: 59-2082064**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SACHS, SAX, CAPLAN  
6111 BROKEN SOUND PARKWAY  
SUITE 200  
BOCA RATON, FL 33487 US

*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: STEVEN RAPPAPORT**

**04/25/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MARKIN, ALEXANDER  
Address        6610 ALTURA PLACE  
City-State-Zip: BOCA RATON FL 33433

Title            VP  
Name            DAVIS, AVIVA  
Address        6566 LAS FLORES DRIVE  
City-State-Zip: BOCA RATON FL 33433

Title            DIRECTOR  
Name            GREENWALD, ELLEN  
Address        6605 LAS FLORES DRIVE  
City-State-Zip: BOCA RATON FL 33433

Title            TREASURER  
Name            COPPOLA, GEORGE  
Address        6450 VIA TIERRA DRIVE  
City-State-Zip: BOCA RATON FL 33433

Title            SECRETARY  
Name            GIDDINGS, FRANCIS  
Address        6656 LAS FLORES DRIVE  
City-State-Zip: BOCA RATON FL 33433

Title            OTHER  
Name            GROENIGER, SUE  
Address        6300 PARK OF COMMERCE BLVD  
City-State-Zip: BOCA RATON FL 33487

*I hereby 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 all other like empowered.*

**SIGNATURE: SUE GROENIGER**

**PROPERTY MANAGER**

**04/25/2017**

Electronic Signature of Signing Officer/Director Detail

Date