

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755592

Entity Name: L'AMBIANCE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**C/O AMERICAN MANAGEMENT GROUP
1806 N. FLAMINGO ROAD SUITE 435
PEMBROKE PINES, FL 33028**Current Mailing Address:**C/O AMERICAN MANAGEMENT GROUP
1806 N. FLAMINGO ROAD SUITE 435
PEMBROKE PINES, FL 33028 US**FEI Number:** 59-2082064**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ASSOCIATED CORPORATE SERVICES
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 G. RAPPAPORT, ESQ.

04/22/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name JALAYER, KIOU
Address C/O AMERICAN MANAGEMENT
 GROUP
 1806 N. FLAMINGO ROAD SUITE 435
City-State-Zip: PEMBROKE PINES FL 33028

Title TREASURER
Name AHOW, ALBERTO
Address C/O AMERICAN MANAGEMENT
 GROUP
 1806 N. FLAMINGO ROAD SUITE 435
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR
Name DACAL, IRENE
Address C/O AMERICAN MANAGEMENT
 GROUP
 1806 N. FLAMINGO ROAD SUITE 435
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR
Name HAUPTMAN, LAURIE
Address C/O AMERICAN MANAGEMENT
 GROUP
 1806 N. FLAMINGO ROAD SUITE 435
City-State-Zip: PEMBROKE PINES FL 33028

Title VP
Name FARKAS, GEORGE
Address C/O AMERICAN MANAGEMENT
 GROUP
 1806 N. FLAMINGO ROAD SUITE 435
City-State-Zip: PEMBROKE PINES FL 33028

Title SECRETARY
Name BEALS, CAROL
Address C/O AMERICAN MANAGEMENT
 GROUP
 1806 N. FLAMINGO ROAD SUITE 435
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR
Name AMEDEO, RONALD
Address C/O AMERICAN MANAGEMENT
 GROUP
 1806 N. FLAMINGO ROAD SUITE 435
City-State-Zip: PEMBROKE PINES FL 33028

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: KIOU JALAYER

PRESIDENT

04/22/2014

