

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 355519

**FILED**  
**Jan 15, 2014**  
**Secretary of State**  
**CC8289706981****Entity Name:** THE AMBASSADOR HOTEL COOPERATIVE APARTMENTS  
CORP.**Current Principal Place of Business:**AMBASSADOR HOTEL COOP APARTMENTS CORP.  
2730 SOUTH OCEAN BOULEVARD  
PALM BEACH, FL 33480**Current Mailing Address:**AMBASSADOR HOTEL COOP APARTMENTS CORP  
2730 SOUTH OCEAN BOULEVARD  
PALM BEACH, FL 33480**FEI Number: 59-1278041****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WHITEHEAD, WILLIAM K  
2730 SOUTH OCEAN BOULEVARD  
PALM BEACH, FL 33480 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**Title            PRES  
Name            LEVINSON, KATHLEEN E  
Address        42 WARRENTON ROAD  
City-State-Zip: BALTIMORE MD 21210Title            TR  
Name            MC LAUGHLIN, JOHN C  
Address        216 OHIO STREET  
City-State-Zip: MONROEVILLE PA 15146Title            DIR  
Name            PHYLLIS, BARASCH  
Address        920 PARK AVE., APT. 18A  
City-State-Zip: NEW YORK NY 10028Title            VP  
Name            TREUHOLD, ROBERT C  
Address        SHEARMAN & STERLING, 599  
LEXINGTON AVE.  
City-State-Zip: NEW YORK NY 10022Title            SECT  
Name            HAUSAUER, BARRY  
Address        1611 CASTILLIAN WAY  
City-State-Zip: MUNDELEIN IL 60060Title            DIR  
Name            JACOBS, LEONARD  
Address        82 HIDDEN RIDGE DRIVE  
City-State-Zip: MONTICELLO NY 12701

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KATHLEEN E. LEVINSON****PRESIDENT****01/15/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date