## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## **DOCUMENT #719956**



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Mar 22, 2007 8:00 am
Secretary of State
03-22-2007 90008 005 \*\*\*\*61.25

Daytime Phone #

S9-2188560   Not Applied   S9-2188560   Not Applied   S9-2188560   S9-21885600   S9-2	THE WOO	DDLANDS SECTION EIGHT	r association, in	IC.			v	.5-22-200 <i>1</i>	J0006 003	01.23	,	
Suite, Apt. #, etc.  City & State  City & State Address of New Registered Agent  Name  AMBASSADOR. COMMUNITY MI INC  7100 W. COMMERCIAL BLVD. #107  LAUDERHILL, FL 33319  City & FL  City & F	7100 WEST COMMERCIAL BLVD SUITE 107		7100 WEST COMMERCIAL BLVD SUITE 107				1 F <b>a b</b> ill 1 <b>6 a</b> an 111	#	A ARI BIRII BEBUL BIBI	ı albir biarı 2101	<b>    </b>	
City & State  State Address of Country  State Address of Cutrent Registered Agent  Name  AMBASSADOR. COMMUNITY MI NIC  7100 W. COMMERCIAL BLVD., #107  LAUDERHILL, FL 33319  City  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Forida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accident content of the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accident content of the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accident content of the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accident the obligations of registered agent.  Filling Fee is \$61.25  Due by May 1, 2007  Part Fund Contribution.  Thus Fund Contribution.  Th	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address									
S9-2188560   Not Applied   S9-2188560   Not Applied   S9-2188560   S9-21885600   S9-2	Suite, Apt. #, etc.		Suite, Apt. #, etc.				02092007 Chg-NP CR2E037 (12/06)					
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. Name  City  City  City  City  City  FL  2D. Code  Politic Address of New Registered Agent  Filling Fee is Set.25  Due by May 1, 2007  Politic Address of New Registered Agent  Filling Fee is Set.25  Due by May 1, 2007  Politic Address of New Registered Agent  Filling Fee is Set.25  Politic Agents  FIlling Fee is Set.25  Politic Agents  Franching  Fran	City & State		City & State									
AMBASSADOR, COMMUNITY M INC 7100 W. COMMERCIAL BLVD., #107  LAUDERHILL, FL 33319  Till Special Set 1.25  Due by May 1, 2007  Till PU OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TILL PU Delete  TILL PU Delete  TILL PU Delete  TILL PU Delete  TILL TO Delete  TILL TO Delete  TILL TO Delete  TILL TAMARAC, FL 33319  TO Delete  TILL SD MARGOLIS, JUDITH  AMAGE ANABORSS  CITY-S1-2P  TAMARAC, FL 33319  TILL SD MARGOLIS, JUDITH  AMAGE ANABORSS  CITY-S1-2P  TILL SD MARGOLIS, JUDITH  AMAGE ANABORSS  CITY-S1-2P  TAMARAC, FL 33319  TILL NAME  SIRET ANDRESS  CITY-S1-2P  TILL NAME  SIRET ANDRESS  CITY-S1-2P  TAMARAC, FL 33319  TILL NAME  MARGOLIS, JUDITH  AMAGE ANABORSS  CITY-S1-2P  TAMARAC, FL 33319  TILL NAME  MARGOLIS, JUDITH  AMAGE SIRET ANDRESS  CITY-S1-2P  TAMARAC, FL 33319  TILL NAME  MARGOLIS, JUDITH  MARGE SIRET ANDRESS  CITY-S1-2P  TAMARAC, FL 33319  TILL NAME  MARGOLIS, JUDITH  MARGE SIRET ANDRESS  CITY-S1-2P  TILL NAME  MARGOLIS, JUDITH  MARGE SIRET ANDRESS  CITY-S1-2P  TILL NAME  MARGOLIS, JUDITH  MARGE SIRET ANDRESS  CITY-S1-2P  TILL NAME  MARGE SIRET ANDRESS  CITY-S1-2P	Zip	Country	Zip	Count	ry		5. Certificate of	Status Desire				
AMBASSADOR, COMMUNITY M INC 7100 W. COMMERCIAL BLVD., #107 LAUDERHILL, FL 33319  City FL 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 accepted the obligations of registered agent.  SIGNATURE    Filing Fee Is 561.25		6. Name and Address of Current	Registered Agent				7. Name and Address of New Registered Agent					
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam fam liar with, and accidence to be obligations of registered agent.  SIGNATURE    Signam, speed or printer name of ingreused agent and title disposable.   (NOTE Registered Agent agramus resulted when rearbiding)   DATE	AMBASSADOR, COMMUNITY M INC 7100 W. COMMERCIAL BLVD., #107  Street Ad.					dress (F	iss (P.O. Box Number is Not Acceptable)					
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 sm familiar with, and accident the obligations of registered agent.  SIGNATURE  SIGNATURE  FIIIng Fee is \$61.25 Due by May 1, 2007  FILITY  PD  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TILE  PD  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TILE  PD  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TILE  PD  OFFICERS AND DIRECTORS IN 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TILE  PD  OFFICERS AND DIRECTORS IN 10  ORY-ST-2P  VD  VD  VD  STREET ADDRESS  ORY-ST-2P  TAMARAC, FL 33319  Deidle  TILE  TD  ORY-ST-2P  TAMARAC, FL 33319  Deidle  TILE  STREET ADDRESS  ORY-ST-2P  TAMARAC, FL 33319  Deidle  TILE  MAKE  STREET ADDRESS  ORY-ST-2P  TAMARAC, FL 33319  Deidle  TILE  MAKE  STREET ADDRESS  ORY-ST-2P  TAMARAC, FL 33319  Deidle  TILE  MAKE  STREET ADDRESS  ORY-ST-2P  TAMARAC, FL 33319  Deidle  TILE  MAKE  STREET ADDRESS  ORY-ST-2P  TAMARAC, FL 33319  Deidle  TILE  MAKE  STREET ADDRESS  ORY-ST-2P  TO  Change Add  Add  Add  TILE  MAKE  STREET ADDRESS  ORY-ST-2P  TO  Change Add  Add  TO  Change Add  Add  TO  Change Add  TILE  MAKE  STREET ADDRESS  ORY-ST-2P  TO  TAMARAC, FL 33319  Deidle  TILE  MAKE  STREET ADDRESS  ORY-ST-2P  TO  TAMARAC, FL 33319  Deidle  TILE  MAKE  STREET ADDRESS  ORY-ST-2P  TO  TAMARAC, FL 33319  Deidle  TILE  MAKE  STREET ADDRESS  ORY-ST-2P  TO  TAMARAC, FL 33319  Deidle  TILE  MAKE  STREET ADDRESS  ORY-ST-2P  TAMARAC	DODENII	122,12 00010		-	City				FI	Zip Codi	9	
SIGNATURE    Filling Fee is \$61.25   Due by May 1, 2007   Pulse	8. The above	named entity submits this statement fo	r the purpose of changing its	s registered	office or re	egister	ed agent, or both,	in the State of		amiliar with,	and accept	
Signature, hypoto or printed name of regaliseable appert approaches Appert expressive sevent recordance reconstration;)   CATE	the obligat	ions of registered agent.										
Trust Fund Contribution. Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   PD	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered A	gent signature	required	when reinstating)		DATE	. <u> </u>		
TITLE NAME BUCHSBAUM, JEROME G206 ORCHARD TREE LN TAMARAC, FL 33319  TITLE VD NEGRON, WILLIAM A602 NORFOLK PINE DR TAMARAC, FL 33319  TITLE TD WRIGHT, VALARIE G404 NORFOLK PINE DR TAMARAC, FL 33319  TITLE WORTH TO NORFOLK PINE DR TAMARAC, FL 33319  TITLE WORTH TO NORFOLK PINE DR TAMARAC, FL 33319  TITLE WORTH TO NORFOLK PINE DR TAMARAC, FL 33319  TITLE WORTH TO NORFOLK PINE DRIVE TAMARAC, FL 33319  TITLE SD NAME STREET ADDRESS CITY-ST-2P  TITLE NAME A604 NORFOLK PINE DRIVE TAMARAC, FL 33319  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CIT							\$5.00 May Be Added to Fees	1				
MME SIREET ADDRESS CITY-ST-ZP TAMARAC, FL 33319  TO Delete TITLE WRIGT, VALARIE W	10.	OFFICERS AND DIF	RECTORS	11.		Α	ADDITIONS/CHAN	IGES TO OFF	ICERS AND DIF	RECTORS IN	10	
TITLE VD NEGRON, WILLIAM STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33319  TITLE TD Delete TITLE WRIGT, VALARIE STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33319  TITLE SD Delete TITLE SD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33319  TITLE NAME STREET ADDRESS CITY-ST-ZI	NAME STREET ADDRESS	BUCHSBAUM, JEROME 6206 ORCHARD TREE LN	☐ Delete	NAME STREET						Change	☐ Addition	
TTD	NAME STREET ADDRESS	VD NEGRON, WILLIAM 4602 NORFOLK PINE DR	GRON, WILLIAM D2 NORFOLK PINE DR				,				Addition	
NAME STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33319  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	WRIGT, VALARIE 4604 NORFOLK PINE DRIVE	☐ Delete	NAME Street	ADDRESS	<u></u>				Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 direct	NAME STREET ADDRESS	MARGOLIS, JUDITH 4704 QUEEN PALM LANE	☐ Delete	name Street	1					Change	Addition	
NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 direct	NAME STREET ADDRESS		☐ Delete	NAME STREET						☐ Change	☐ Addition	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or direct	NAME STREET ADDRESS		☐ Delete	NAME Street						☐ Change	☐ Addition	
of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  3-19-07	indicated of the co changed	l on this report or supplemental report is rporation or the receiver or trustee empion or on an attachment with an address,	s true and accurate and that owered to execute this repor with all other like empowered	my signatu rt as require d.	re shall hav	ve the s	same legal effect : 7, Florida Statutes;	as if made un and that my	der oath; that I a	ım an officer	or director	

SIGNATURE AND TYPED OR PRINTED NAME OF PRINTED

SIGNATURE: \_