


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90569 026 ****61.25

DOCUMENT # 723938
 1. Entity Name
AMBASSADOR SHORES CONDOMINIUM, INC.



Principal Place of Business
 1251 S ATLANTIC AVE. #600
 COCOA BEACH, FL 32931

Mailing Address
 1251 S ATLANTIC AVE. #600
 COCOA BEACH, FL 32931

40075825

BY:



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

04172005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
DAVIS, PETEY
 1980 N ATLANTIC AVE
 #701
 COCOA BEACH, FL 32931

4. FEI Number
59-1564733

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JENKINS, WILLIAM 119 SUWANNEE COCOA, BE 32931 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOUGHTON, ROBERT 1251 S. ATLANTIC AVE #503 COCOA BEACH, FL 32931 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HURD, LOUISE 1251 S. ATLANTIC AVE #301 COCOA BEACH, FL 32951 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNDER, THOMAS ?251 S ATLANTIC AVE #502 COCOA BEACH, FL 32931 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATES, KENNETH 1251 S ATLANTIC AVE #505 COCOA BEACH, FL 32931 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOUGHTON, BARBARA 1251 S ATLANTIC AVE #503 COCOA BEACH, FL 32931 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Houghton, Robert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Brundage, Thomas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1251 S Atlantic Ave #502 Cocoa Beach FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brundage, Cory <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1251 S Atlantic Ave #502 Cocoa Beach FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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.

SIGNATURE: Louise B Hurd Secretary 783-7529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, time Phone #