
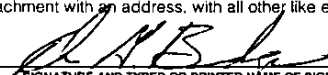


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90008 011 ****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				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1980 N. Atlantic Ave.					
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 701					
City & State		City & State Cocoa Beach, FL		01172007 Chg-NP CR2E037 (12/06)			
Zip		Zip 32931		4. FEI Number 59-1564733			
Country		Country USA		Applied For Not Applicable			
6. Name and Address of Current Registered Agent			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
DAVIS, PETEY 1980 N ATLANTIC AVE #701 COCOA BEACH, FL 32931			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRUNDASE, CORY		NAME				
STREET ADDRESS	12515 ATLANTIC AVE #502		STREET ADDRESS				
CITY-ST-ZIP	COCOA, BE 32931		CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOUGHTON, ROBERT		NAME				
STREET ADDRESS	1251 S. ATLANTIC AVE #503		STREET ADDRESS				
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOGAN, TIM		NAME				
STREET ADDRESS	1251 S ATLANTIC AVE 305		STREET ADDRESS				
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Tom Brundage	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRUNDASE, THOMAS		NAME				
STREET ADDRESS	1251 S ATLANTIC AVE #502		STREET ADDRESS				
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BATES, KENNETH		NAME				
STREET ADDRESS	1251 S ATLANTIC AVE #505		STREET ADDRESS				
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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 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: 		Date: 3/23/2007		Daytime Phone #: 407 716 9979			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							