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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730748

1. Corporation Name

AMBASSADORS I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4511 S OCEAN BLVD. HIGHLAND BEACH FL 33487	4511 S OCEAN BLVD. HIGHLAND BEACH FL 33487

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/23/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1594753 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SEGUSO, RICHARD C. 4505 SOUTH OCEAN BLVD SUITE 302 HIGHLAND BEACH FL 33487	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	RESIDENT	☐ Change ☒ Addition
NAME	POMERANTZ, NATHAN		1.2 NAME	MAMBERG, WARREN	
STREET ADDRESS	4505 S OCEAN BLVD		1.3 STREET ADDRESS	4511 So OCEAN. BLVD, UNIT 706	
CITY-ST-ZIP	HIGHLAND BCH, FL 00000		1.4 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	
TITLE	S AS	☐ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	GIORDANO, JOSEPH		2.2 NAME	J. KENNETH HURST	
STREET ADDRESS	4505 S OCEAN BLVD		2.3 STREET ADDRESS	4505 So. OCEAN BLVD, UNIT 408	
CITY-ST-ZIP	HIGHLAND BEACH FL		2. 4 CITY-ST-ZIP	HIGHLAND BCH, FL 33487	
TITLE	AS	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GOLDMAN, TERRY		3.2 NAME		
STREET ADDRESS	4505 S OCEAN #306		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BCH, FL 00000		3.4. CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FRENDER, JAMES		4. 2 NAME		
STREET ADDRESS	4511 S OCEAN BLVD 407		4.3 STREET ADDRESS		
CITY-ST-ZIP	HIGLAND BEACH FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SEGUSO, RICHARD		5.2 NAME		
STREET ADDRESS	4505 OCEAN BLVD 302		5.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BCH, FL 00000		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KANE, PAUL SR		6.2 NAME		
STREET ADDRESS	4505 S. OCEAN BLVD. #708		6.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BCH. FL 33487		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH GIORDANO DIRECTOR Joseph Giordano 1/14/99 361-272-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #