

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90098 040 ****61.25

DOCUMENT # 730748

1. Entity Name

EMBASSADORS I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**4511 S OCEAN BLVD.
 HIGHLAND BEACH FL 33487**

Mailing Address

**4511 S OCEAN BLVD.
 HIGHLAND BEACH FL 33487**

2. Principal Place of Business

Suite, Apt. #, etc.

City, & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1594753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SEGUSO, RICHARD C.
 505 SOUTH OCEAN BLVD
 SUITE 302
 HIGHLAND BEACH FL 33487**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
 NAME **POMERANTZ, NATHAN**
 STREET ADDRESS **4505 S OCEAN BLVD UNIT 208**
 CITY-ST-ZIP **HIGHLAND BEACH FL**

TITLE **D** ☐ Delete
 NAME **GIORDANO, JOSEPH**
 STREET ADDRESS **4505 S OCEAN BLVD UNIT 305**
 CITY-ST-ZIP **HIGHLAND BEACH FL**

TITLE **P** ☐ Delete
 NAME **MAMBERG, WARREN**
 STREET ADDRESS **4511 S. OCEAN BLVD. UNIT 706**
 CITY-ST-ZIP **HIGHLAND BCH FL 33487**

TITLE **T** ☐ Delete
 NAME **HURST, KENNETH J**
 STREET ADDRESS **4505 S. OCEAN BLVD. UNIT 408**
 CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE **S** ☐ Delete
 NAME **SEGUSO, RICHARD**
 STREET ADDRESS **4505 OCEAN BLVD 302**
 CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE **D** ☐ Delete
 NAME **KANE, PAUL SR**
 STREET ADDRESS **4505 S OCEAN BLVD. # 708**
 CITY-ST-ZIP **HIGHLAND BCH. FL 33487**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ASST SEC** ☐ Change ☒ Addition
 NAME **RICHARD SEIGEL**
 STREET ADDRESS **4505 S. OCEAN BLVD, UNIT 106**
 CITY-ST-ZIP **HIGHLAND BCH, FL 33487**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **LEWIS, STEVE**
 STREET ADDRESS **4505 S. OCEAN BLVD, UNIT 608**
 CITY-ST-ZIP **HIGHLAND BCH, FL 33487**

TITLE **D** ☐ Change ☒ Addition
 NAME **LUCE, DEAN**
 STREET ADDRESS **4511 S. OCEAN BLVD, UNIT 703**
 CITY-ST-ZIP **HIGHLAND BCH, FL 33487**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Warren Mamberg
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-272-7001

CR2E037 (9/01)