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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730749 (9)

1. Corporation Name

AMBASSADORS EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3215 S OCEAN BLVD HIGHLAND BCH FL 33487	3215 S OCEAN BLVD HIGHLAND BCH FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1974
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1713210 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MOLLENGARDEN, PETER S ESQUIRE
BECKER & POLIAKOFF, P.A.
450 S. AUSTRAILIAN AVE., 7TH FLOOR
W. PALM BCH. FL 33401

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	~~LOWE ROBERT~~ Charles Jacobson	1.2 NAME	Jerry O'Neil
STREET ADDRESS	~~3215 S OCEAN BLVD #907~~ 3215 S, .Ocean#60	1.3 STREET ADDRESS	3301 S. Ocean Blvd. #901
CITY-ST-ZIP	~~HIGHLAND BCH FL 00000~~ Highland,FL33487	1.4 CITY-ST-ZIP	Highland Beach, FL 33487
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MERTON, RUBIN	2.2 NAME	Beverly Troy
STREET ADDRESS	3215 S. OCEAN BLVD, 906	2.3 STREET ADDRESS	3221 S. Ocean Blvd. #110
CITY-ST-ZIP	HIGHLAND BCH. FL	2.4 CITY-ST-ZIP	Highland Beach, FL 33487
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	~~COZZELL BERNARD~~ IRENE KELLER	3.2 NAME	Liane Novak
STREET ADDRESS	~~3215 S OCEAN BLVD #821~~ 3221 S. Ocean#70	3.3 STREET ADDRESS	3221 S. Ocean Blvd. #401
CITY-ST-ZIP	~~HIGHLAND BCH FL 00000~~ Highland Beach	3.4 CITY-ST-ZIP	Highland Beach, FL 33487
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	~~GOLDBLOOM NORMAN~~ Phillip MillerJR	4.2 NAME	Harry Laufer
STREET ADDRESS	~~3215 S OCEAN BLVD #510~~ 3301 S. Ocean#50	4.3 STREET ADDRESS	3215 S. Ocean Blvd. #308
CITY-ST-ZIP	~~HIGHLAND BCH FL~~ Highland, FL 334	4.4 CITY-ST-ZIP	Highland Beach, FL 33487
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	~~SARUBBI JOSEPH~~ Herbert Gottlieb	5.2 NAME	Thomas Claro
STREET ADDRESS	~~3215 S OCEAN BLVD #903~~ 3221 S.Ocean#903	5.3 STREET ADDRESS	3215 S. Ocean Blvd. #505
CITY-ST-ZIP	~~HIGHLAND BEACH FL~~ Highland, FL 3348	5.4 CITY-ST-ZIP	Highland Beach, FL 33487
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME	Barbara Guilford	6.2 NAME	
STREET ADDRESS	3301 S. Ocean #105	6.3 STREET ADDRESS	
CITY-ST-ZIP	Highland Beach, FL 33487	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: X _____ 2/24/95 407-278-4148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Charles Jacobson, President

0051703