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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33487-2505

3. Date Incorporated or Qualified: 09/23/1974
3a. Date of Last Report: 03/11/1996

2. Principal Place of Business — 21
Suite, Apt #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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 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	PD	☐ DELETE	1.1 TITLE	P/T/D	☒ Change ☐ Addition
NAME	JACOBSON, CHARLES		1.2 NAME	Rogers, John P.	
STREET ADDRESS	3215 S, OCEAN #602		1.3 STREET ADDRESS	3215 South Ocean Blvd. #1008	
CITY-ST-ZIP	HIGHLAND BCH, FL 00000		1.4 CITY-ST-ZIP	Highland Beach, FL 33487	
TITLE	TD	☐ DELETE	2.1 TITLE	V/S/D	☒ Change ☐ Addition
NAME	ROGERS, JOHN P.		2.2 NAME	Lowe, Eleanor	
STREET ADDRESS	3215 SOUTH OCEAN BLVD SUITE 1008		2.3 STREET ADDRESS	3221 South Ocean Blvd. #907	
CITY-ST-ZIP	HIGHLAND BCH. FL		2.4 CITY-ST-ZIP	Highland Beach, FL 33487	
TITLE	SD	☐ DELETE	3.1 TITLE	V/D	☐ Change ☒ Addition
NAME	LOWE, ELEANOR		3.2 NAME	Yarosh, David	
STREET ADDRESS	3221 S OCEAN BLVD #907		3.3 STREET ADDRESS	3221 South Ocean Blvd. #1010	
CITY-ST-ZIP	HIGHLAND BCH, FL 00000		3.4 CITY-ST-ZIP	Highland Beach, FL 33487	
TITLE	D	☐ DELETE	4.1 TITLE	T/D	☐ Change ☒ Addition
NAME	D'AMATO, EDWARD		4.2 NAME	Skolnick, Donald	
STREET ADDRESS	3301 S OCEAN BLVD #202		4.3 STREET ADDRESS	3301 South Ocean Blvd. #1004	
CITY-ST-ZIP	HIGHLAND BCH FL		4.4 CITY-ST-ZIP	Highland Beach, FL 33487	
TITLE	VD	☐ DELETE	5.1 TITLE	T/D	☐ Change ☒ Addition
NAME	GOTTLIEB, HERBERT		5.2 NAME	Goldbloom, Norman	
STREET ADDRESS	3221 S. OCEAN #903		5.3 STREET ADDRESS	3215 South Ocean Blvd. #610	
CITY-ST-ZIP	HIGHLAND BEACH FL		5.4 CITY-ST-ZIP	Highland Beach, FL 33487	
TITLE	VD	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	GUILFORD, BARARA		6.2 NAME	Jacobson, Charles	
STREET ADDRESS	3301 S. OCEAN #105		6.3 STREET ADDRESS	3215 South Ocean Blvd. #602	
CITY-ST-ZIP	HIGHLAND BEACH FL		6.4 CITY-ST-ZIP	Highland Beach, FL 33487	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: John P. Rogers SIGNATURE REQUIRED 2/28/97 (561)278-5886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #