

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90050 049 ****61.25

DOCUMENT # 730749					
1. Entity Name AMBASSADORS EAST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3215 S OCEAN BLVD HIGHLAND BCH, FL 33487			Mailing Address 3215 S OCEAN BLVD HIGHLAND BCH, FL 33487		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1713210	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MART, HARVEY C C/O AMBASSADORS E. CONDO ASSN. INC. 3215 S. OCEAN BLVD. BOCA RATON, FL 33487 HIGHLAND BEACH			7. Name and Address of New Registered Agent Name <u>HARVEY C. MART</u> Street Address (P.O. Box Number Is Not Acceptable) <u>C/O AMBASSADORS E. Condo Assn. Inc.</u> <u>3215 So. Ocean Blvd.</u> City <u>Highland Beach</u> FL Zip Code <u>33487</u>		
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 <u>[Signature]</u> DATE <u>2/1/05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P MART, HARVEY C 3221 S. OCEAN BLVD. #210 HIGHLAND BEACH, FL 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOWE, ELEANOR 3221 S. OCEAN BLVD #907 HIGHLAND BEACH, FL 33487	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Michael Ezekiel 3215 S. Ocean Blvd #607 Highland Beach, FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLER, IRENE 3221 S OCEAN BLVD HIGHLAND BEACH, FL 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IRONS-Keller 3221 S. Ocean Blvd. #706 Highland Beach, FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDMACHER, JEROME 3301 S OCEAN BLVD., #410 HIGHLAND BEACH, FL 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHERBO, LINDA 3215 S COEAN BLVD, #404 HIGHLAND BEACH, FL 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Linda Sherbo 3215 S Ocean Blvd. #404 Highland Beach, FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUFER, HARRY 3215 S OCEAN BLVD, #308 HIGHLAND BEACH, FL 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>[Signature]</u>			DATE <u>2/1/05</u> DAYTIME PHONE # <u>561-278-4148</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					