

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90033 010 ****61.25

DOCUMENT # 741534

1. Entity Name

ROYAL AMBASSADOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**3700 GALT OCEAN DRIVE
FT. LAUDERDALE FL 33308**

Mailing Address

**3700 GALT OCEAN DRIVE
FT. LAUDERDALE FL 33308**



2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

36-3003220

Applied For

Not Applicable

Zip

Country

Broward

Zip

Country

Broward

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECKER & POLIAKOFF PA
3111 STIRLING RD
FT. LAUDERDALE FL 33312**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Paul Putter, General Manager**

March 30, 2006

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE **D** ☐ Delete
NAME **APPLETON-BAJOREK, LOLA**
STREET ADDRESS **3700 GALT OCEAN DR #1410**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **P** ☐ Delete
NAME **CHANDLER, CAROL**
STREET ADDRESS **3700 GALT OCEAN DR #141**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **SD** ☐ Delete
NAME **MILDREN, JULIA**
STREET ADDRESS **3700 GALT OCEAN DR.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **VP** ☒ Delete
NAME **O'HARE, MICHAEL**
STREET ADDRESS **3700 GALT OCEAN DR #209**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Justin Henry**
STREET ADDRESS **3700 Galt Ocean Dr. Apt. # 1710**
CITY-ST-ZIP **Fort Lauderdale, FL 33308**

TITLE **President** ☐ Change ☒ Addition
NAME **Richard Savarese**
STREET ADDRESS **3700 Galt Oceanm DR. Apt. #905**
CITY-ST-ZIP **Fort Lauderdale, FL 33308**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Apt. #1414**
STREET ADDRESS **Carol Schandler**
CITY-ST-ZIP **3700 Galt Ocean Dr. Ft. Laud., FL 33308**

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 exemptions contained in Section 119, 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: **Paul Putter, Mgr.**

3-30-06