

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90060 044 \*\*\*\*61.25

<b>DOCUMENT # 741534</b>					
<b>1. Entity Name</b> ROYAL AMBASSADOR CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3700 GALT OCEAN DRIVE FT. LAUDERDALE, FL 33308			<b>Mailing Address</b> 3700 GALT OCEAN DRIVE FT. LAUDERDALE, FL 33308		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01072008    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 36-3003220				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BECKER & POLIAKOFF PA 3111 STIRLING RD FT. LAUDERDALE, FL 33312			<b>7. Name and Address of New Registered Agent</b> Name <u>Robert Kaye &amp; Associates, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>6261 Northwest 6th Way</u> <u>Suite 103</u> City <u>Fort Lauderdale</u> FL    Zip Code <u>33309</u>		
<b>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.</b>  SIGNATURE <u>Robert Kaye President</u> DATE <u>1/15/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENRY, JUSTIN 3700 GALT OCEAN DR APT 1710 FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D OCCHIPINTI, LARRY 3700 GALT OCEAN DR # 711 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANDLER, CAROL 3700 GALT OCEAN DR #141 FT. LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D COURTRIGHT, DEBORAH 3700 GALT OCEAN DR., APT 910
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COURTRIGHT, DEBRA 3700 GALT OCEAN DR APT FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	ABRAMOWITZ, STEVEN 3700 GALT OCEAN DR APT 715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABRAMOWITZ, STEVN 3700 GALT OCEAN DR APT FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3700 GALT OCEAN DRIVE APT 1506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARPENTER, KENNETH 3700 GALT OCEAN DRIVE FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3700 GALT OCEAN DRIVE, APT 1011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT HENDERSON, JAMES 3700 GALT OCEAN DRIVE FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3700 GALT OCEAN DRIVE, APT 1011
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b>					
<b>SIGNATURE:</b> <u>Justin R. Henry</u> <b>JUSTIN R. HENRY</b>		01/09/08    954-563-4223		Date    Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					