

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90009 026 ****61.25

40041940



03202006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1922790

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMBASSADOR COMMUNITY MGMT, INC.
7100 W. COMMERCIAL BLVD.
SUITE 107
LAUDERHILL, FL 33319

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing 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 | PD | <input checked="" type="checkbox"/> Delete |
| NAME | FLEITMAN, GLORIA | |
| STREET ADDRESS | 6500 CYPRESS ROAD #412 | |
| CITY-ST-ZIP | PLANTATION, FL | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | MAURER, GEORGE J | |
| STREET ADDRESS | 6700 CYPRESS ROAD #206 | |
| CITY-ST-ZIP | PLANTATION, FL 33317 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | DOUECK, ED | |
| STREET ADDRESS | 6500 CYPRESS ROAD # 510 | |
| CITY-ST-ZIP | PLANTATION, FL 33317 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | NORMAN, ALBERTA | |
| STREET ADDRESS | 6600 CYPRESS ROAD #108 | |
| CITY-ST-ZIP | PLANTATION, FL 33317 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | FISCHER, MURRAY | |
| STREET ADDRESS | 6700 CYPRESS RD #401 | |
| CITY-ST-ZIP | PLANTATION, FL 33317 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Rudolph, Betty | |
| STREET ADDRESS | 6600 Cypress Rd. #202 | |
| CITY-ST-ZIP | Plantation, FL 33317 | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Moses, William H | |
| STREET ADDRESS | 6600 Cypress Rd #404 | |
| CITY-ST-ZIP | Plantation, FL 33317 | |
| TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Fischer, Murray | |
| STREET ADDRESS | 6700 Cypress Rd. #401 | |
| CITY-ST-ZIP | Plantation, FL 33317 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Garcia, Juan Carlos | |
| STREET ADDRESS | 6500 Cypress Rd. # 404 | |
| CITY-ST-ZIP | Plantation, FL 33317 | |

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.

SIGNATURE:

George J. Maurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/06 954-741-0811
Date Daytime Phone #