

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 MAY -1 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morvonn  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 755592 (3)**

1. Corporation Name

**L'AMBIANCE HOMEOWNERS' ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/18/1980** 3a. Date of Last Report **04/25/1994**

4. FEI Number **59-2082064** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

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

Principal Place of Business

Mailing Address

P O BOX 27-2310  
BOCA RATON FL 33427-9310

P O BOX 27-2310  
BOCA RATON FL 33427-9310

2. Principal Place of Business

2a. Mailing Address

21 **23123 STATE ROAD 7**

26 **P O BOX 2310**

22 **350 A**

27 Suite, Apt. #, etc.

23 **BOCA RATON, FL**

28 **BOCA RATON, FL**

24 **33428**

25 Country

29 **33427 - 2310**

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PALOMBI, GARY**  
**6421 CONGRESS AVE #100**  
**BOCA RATON FL 33487**  
**23123 STATE ROAD 7**  
**SUITE 350A**  
**BOCA RATON, FL 33428**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE  **04-25-95**  
Signature, type and print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DV**  
NAME **AYTON, MARLENE MARLEEN**  
STREET ADDRESS **6536 LAS FLORES DR**  
CITY - ST - ZIP **BOCA RATON FL**

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

TITLE **SD**  
NAME **EVANS, WILLIAM**  
STREET ADDRESS **6120 VIA TIERRA DR.**  
CITY - ST - ZIP **BOCA RATON FL**

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE **P**  
NAME **DALY, ROBERT**  
STREET ADDRESS **811 LAS FLORES DR**  
CITY - ST - ZIP **BOCA RATON FL**

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE **D**  
NAME **KLOCK, KATHY**  
STREET ADDRESS **6540 QUINTANA PL**  
CITY - ST - ZIP **BOCA RATON FL**

41 TITLE  Change  Addition  
42 NAME **Director**  
43 STREET ADDRESS **Bill Ayton**  
44 CITY - ST - ZIP **6498 Las Flores**  
**BOCA RATON, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE  Change  Addition  
52 NAME **MARLENE TRAYS**  
53 STREET ADDRESS **GARY SPLAIN**  
54 CITY - ST - ZIP **6160 VIA TIERRA**  
**BOCA RATON, FL 33433**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  Change  Addition  
62 NAME **DIRECTOR**  
63 STREET ADDRESS **ROBERT LIFENBERGER**  
64 CITY - ST - ZIP **6434 LAS FLORES DRIVE**  
**BOCA RATON, FL 33428**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information included 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 it; that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **04-25-95** **401-477-4927**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Title (Optional) Phone #