
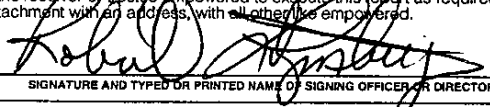


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90557 024 ****61.25

DOCUMENT # 755592					
1. Entity Name L'AMBIANCE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 951 BROKEN SOUND PKY., #250 BOCA RATON, FL 33487 US			Mailing Address 951 BROKEN SOUND PKY., #250 BOCA RATON, FL 33487 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2082064	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COMMUNITY ASSOCIATION SERVICES, INC. 951 BROKEN SOUND PKY., #250 BOCA RATON, FL 33487				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVINE, PETER		NAME	MACIA, Dolores	
STREET ADDRESS	6402 LAS FLORES DRIVE		STREET ADDRESS	6660 LA PINA COURT	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LITZENBERGER, BOB		NAME	LUGER, Norman	
STREET ADDRESS	6434 LAS FLORES DRIVE		STREET ADDRESS	6479 LAS FLORES DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COFFEY, SCOTT		NAME	Stine, Gil	
STREET ADDRESS	6190 VIA TIERRA		STREET ADDRESS	6539 LAS FLORES DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRAUS, CHARLES		NAME	Kaplan Ronald	
STREET ADDRESS	6570 ALTURA PLACE		STREET ADDRESS	6458 LAS FLORES DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, WILLIAM		NAME	Evans, William	
STREET ADDRESS	6120 VIA TIERRA		STREET ADDRESS	6120 VIA TIERRA	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Persichini David	
STREET ADDRESS			STREET ADDRESS	6656 LAS FLORES DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	BOCA RATON, FL 33433	
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: 			Date: 4/21/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		



03312005 Chg-NP CR2E037 (10/03)