
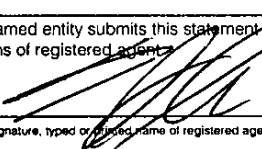
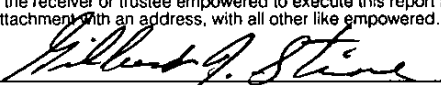


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90016 040 \*\*\*\*70.00

<b>DOCUMENT # 755592</b> 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 C/O A+N MANAGEMENT, INC. Suite, Apt. #, etc. 6413 CONGRESS AVE #220 City & State BOCA RATON, FLA				3. Mailing Address C/O A+N MANAGEMENT, INC. Suite, Apt. #, etc. 6413 CONGRESS AVE #220 City & State BOCA RATON FLA	
Zip 33487		Country USA		4. FEI Number 59-2082064	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				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 SCOTT LEVINE Street Address (P.O. Box Number is Not Acceptable) BROUGH, CHADROW & LEVINE, P.A. 1900 NORTH COMMERCE PKWY City WESTON, FL Zip Code 33326	
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  Scott J. Levine, Esq. for Brough, Chadrow & Levine, P.A. 7/7/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	VPD MACIA, DOLOREO 6660 LA PUNE CT BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLORES MACIA 6660 LA PINA CT BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LITZENBERGER, BOB 6434 LAS FLORES DRIVE BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RANDY CARSTENS 6620 ALFURA PL BOCA RATON, FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUGER, NORMM 6479 LAS FLORES DR BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILBERT STINE 6535 LAS FLORES DR BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STINE, GIL 6539 LAS FLORES DR BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARY BUDD 6506 LAS FLORES DR BOCA RATON, FLA 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, WILLIAM 6120 VIA TIERRA BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RONALD KAPLAN 6458 LAS FLORES DR BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, ONALD 6458 LAS FLORES DR BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete	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:  GILBERT J. STINES 07-05-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					