


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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
90 A+M MANAGEMENT, INC
 Suite, Apt. #, etc.
6413 CONGRESS AVE #220
 City & State
BOCA RATON, FLA

3. Mailing Address
90 A+M MANAGEMENT, INC
 Suite, Apt. #, etc.
6413 CONGRESS AVE #220
 City & State
BOCA RATON FLA



06222006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-2082064

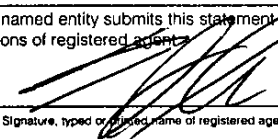
Applied For
 Not Applicable

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

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.** DATE **7/7/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**
 Due by **September 6, 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 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	TD LITZENBERGER, BOB 6434 LAS FLORES DRIVE BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete
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	D STINE, GIL 6539 LAS FLORES DR BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete
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	D KAPLAN, ONALD 6458 LAS FLORES DR BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLORES MACIA 6660 LA PUNA CT BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RANDY CARSTENS 6620 ALTURIA PL BOCA RATON, FL 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILBERT STINE 6539 LAS FLORES DR BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	PD RONALD KAPLAN 6458 LAS FLORES DR BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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** DATE **07-05-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #