


07 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90011 014 ****70.00

DOCUMENT # 755592

1. Entity Name
L'AMBIANCE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
 C/O A & N MANAGEMENT, INC
 6413 CONGRESS AVE #220
 BOCA RATON, FL 33487 US

Mailing Address
 C/O A & N MANAGEMENT, INC
 6413 CONGRESS AVE #220
 BOCA RATON, FL 33487 US



2. Principal Place of Business - No P.O. Box #

c/o A & N MANAGEMENT
 902 CLINT MOORE RD, #110
 BOCA RATON, FL 33487

c/o A & N MANAGEMENT
 902 CLINT MOORE RD, #110
 BOCA RATON, FL 33487

05252007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-2082064

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

6. Name and Address of Current Registered Agent

LEVINE, SCOTT
 BROUGH, CHADROW, & LEVINE, P.A
 1900 N. COMMERCE PKWY
 FORT LAUDERDALE, FL 33326

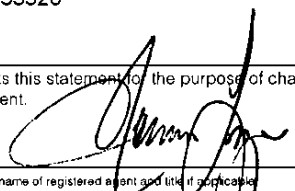
7. Name and Address of New Registered Agent

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 reinstating) DATE

Filing Fee is \$61.25 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

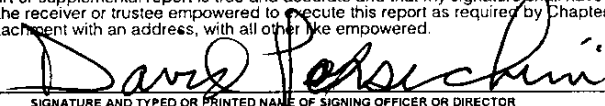
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MACIA, DELORES	6660 LA PUNE CT	BOCA RATON, FL 33433	<input checked="" type="checkbox"/>
SD	LUGER, NORMM	6479 LAS FLORES DR	BOCA RATON, FL 33433	<input type="checkbox"/> Delete
TD	STINE, GILBERT	6539 LAS FLORES DR	BOCA RATON, FL 33433	<input checked="" type="checkbox"/>
PD	KAPLAN, ONALD	6458 LAS FLORES DR	BOCA RATON, FL 33433	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
President	Randy Carstens	6620 Altura Place	Boca Raton, FL 33433	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vice President	David Persichini	6656 Las Flores Dr.	Boca Raton FL 33433	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer	Andrew Omoms	6360 Via Tierra	Boca Raton FL 33433	<input type="checkbox"/>	<input type="checkbox"/>
Director	Chuck O'Brien	6298 Las Flores Dr.	Boca Raton FL 33433	<input type="checkbox"/>	<input type="checkbox"/>
Director	Gary Budd	6506 Las Flores Dr.	Boca Raton, FL 33433	<input type="checkbox"/>	<input type="checkbox"/>
Director	Francine Stessel	6611 Las Flores Dr.	Boca Raton FL 33433	<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE: 5/30/07 DAYTIME PHONE #