

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90253 030 ****70.00

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DOCUMENT # 755592					
1. Entity Name L'AMBIANCE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O A & N MANAGEMENT, INC 902 CLINT MOORE RD. #110 BOCA RATON, FL 33487 US			Mailing Address C/O A & N MANAGEMENT, INC 902 CLINT MOORE RD. #110 BOCA RATON, FL 33487 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05012008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2082064	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEVINE, SCOTT BROUGH, CHADROW, & LEVINE, P.A 1900 N. COMMERCE PKWY FORT LAUDERDALE, FL 33326			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 <i>Charles E. Brian</i>				DATE 5/08	
Filing Fee is \$61.25 Due by May 1, 2008				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	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CARSTENS, RANDY	NAME	Director		
STREET ADDRESS	6620 ALTULA PLACE	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP			
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Addition	
NAME	LUGER, NORMM	NAME	Buda, Gary		
STREET ADDRESS	6479 LAS FLORES DR	STREET ADDRESS	6506 Las Flores Dr.		
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP	BOCA RATON FL 33433		
TITLE	<input type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Addition	
NAME	PERSICHINI, DAVID	NAME	Lutzker, Gertrie		
STREET ADDRESS	6656 LAS FLORES DR	STREET ADDRESS	Boca Raton, FL		
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP	6660 Via Tierra Dr.		33433
TITLE	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change	
NAME	OWENS, ANDREW	NAME			
STREET ADDRESS	6360 VIA TIERRA	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change	
NAME	O'BRIEN, CHUCK	NAME			
STREET ADDRESS	6298 LAS FLORES DR.	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STESSEL, FRANCINE	NAME			
STREET ADDRESS	6611 LAS FLORES DR	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP			
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: <i>Charles E. Brian</i>				DATE 5/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	