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Jan 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759832 (9)
1. Corporation Name
AMBASSADOR EAST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
436 KNOWLES AVE (WINTER PARK, FL 32789)
~~P.O. BOX 1132~~
ORLANDO FL 32814-0619
PO BOX 1132
~~32814-0619~~
WINTER PARK FL 32780-1132
US

3. Date Incorporated or Qualified 08/28/1981 3a. Date of Last Report 04/02/1996

2. Principal Place of Business 2a. Mailing Address
21 436 Knowles Ave 26 PO Box 1132
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Winter Park FL 28 Winter Park FL
Zip Country Zip Country
24 32789 25 USA 29 32790 30 USA

4. FEI Number 59-2852409 Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACK, WILLIAM H., JR.
1615 ALGONQUIN TRAIL
MAITLAND FL 32751

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLACK, WILLIAM H., JR. | 1.2 NAME | |
| STREET ADDRESS | 1615 ALGONQUIN TRAIL | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MAITLAND FL | 1.4 CITY - ST - ZIP | |
| TITLE | SD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLACK, WILLIAM H. | 2.2 NAME | |
| STREET ADDRESS | 1615 ALGONQUIN TRAIL | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | MAITLAND FL | 2.4 CITY - ST - ZIP | |
| TITLE | TD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLACK, MICHAEL D. | 3.2 NAME | |
| STREET ADDRESS | 1615 ALGONQUIN TRAIL | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | MAITLAND FL | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X President 1/12/97 (941) 646-8586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015297

CR2E037 (9/96)