2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# 761726

Entity Name: THE AMBASSADOR CONDOMINIUM OF BONITA BEACH ASSOCIATION, INC.

Current Principal Place of Business:

26300 HICKORY BLVD.
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

C/O D.G. SUITER & ASSOCIATES, INC.
P.O. BOX 6017
FT. MYERS BEACH, FL 33932 US

New Mailing Address:

C/O D.G. SUITER & ASSOCIATES, INC.
15751
FT MYERS, FL 33908 US

FEI Number: 59-2258350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

D.G. SUITER & ASSOCIATES, INC.
100 LOVERS LANE, THIRD FL.
FT. MYERS BEACH, FL 33931 US

Name and Address of New Registered Agent:

D.G. SUITER & ASSOCIATES, INC.
15751 SAN CARLOS BLVD
FT MYERS, FL 33908 US

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.

SIGNATURE: ROD MIDDELTON 04/27/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: YOUNG, PHIL
Address: 26300 HICKORY BLVD # 1001
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PT ( ) Delete
Name: FOYLE, COLMCILLE
Address: 26300 HICKORY BLVD # 902
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S ( ) Delete
Name: DOWELL, ROSALIE
Address: 2505 GENWOOD PARK
City-St-Zip: NEW ALBANY, IN 47150

Title: D ( ) Delete
Name: SOMERSET, GARY
Address: 26300 HICKORY BLVD. #303
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete
Name: BERINGER, HARRY
Address: 26300 HICKORY BLVD #403
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change ( ) Addition
Name: SOMERSET, GARY
Address: 177 ROSEWOOD LANE
City-St-Zip: BURLIN, CT 06037

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COMCILLE FOYLE PT 04/27/2006
Electronic Signature of Signing Officer or Director Date