2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#763425

FILED Sep 09, 2005 Secretary of State

Entity Nan	ne: AMBASSADOR BEACH OWNERS ASSOCIA	TION, INC.		
Current Principal Place of Business:		New Princ	New Principal Place of Business:	
	ONT BCH RD CITY BEACH, FL 32413			
Current Mailing Address:		New Maili	New Mailing Address:	
	ONT BCH RD CITY BEACH, FL 32413			
	e with s. 607.193(2)(b), F.S., the corporation did not recei	=	ce.	
Name and	Address of Current Registered Agent:	Name and	l Address of New Registered Agent:	
DEWAR, BRENDA M 2122 BENT OAK CT PANAMA CITY, FL 32408 US		309 WAUK	HOWELL, SEABORN 309 WAUKESHA STREET BONIFAY, FL 32425 US	
The above in the State	named entity submits this statement for the purpos of Florida.	se of changing i	its registered office or registered agent, or both,	
SIGNATURE: SEABORN HOWELL			09/09/2005	
	Electronic Signature of Registered Agent		Date	
OFFICERS	AND DIRECTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () Delete HOWELL, SEABORO 309 WAUKESHA STREET BONIFAY, FL 32425	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete COY, PIERCE 221 SYCAMORE STREET ELIZABETHTOWN, KY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Delete LORING, BUD 410 CHANDLER RIDGE MCDONOUGH, GA 30253	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition MENGER, DONNA 4443 BAYWOOD DRIVE LYNN HAVEN, FL 32444	
Title: Name: Address: City-St-Zip:	TD () Delete FLOYD, JAMES 3246 MONTGOMERY HWY DOTHAN, AL 36301	Title: Name: Address: City-St-Zip:	SD (X) Change () Addition FLOYD, JAMES 3246 MONTGOMERY HWY DOTHAN, AL 36301	
Title: Name: Address: City-St-Zip:	VD () Delete GUNN, BETTY 6812 SOUTH LAGOON DR PANAMA CITY, FL 32408	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SEABORN HOWELL PD 09/09/2005