

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000958

FILED  
Aug 31, 2010  
Secretary of State

**Entity Name:** L'AMBIANCE BEACH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4240 GALT OCEAN DRIVE  
FT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

4240 GALT OCEAN DRIVE  
FT LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number:** 36-4524452

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSENBERG, ARTHUR ESQ.  
6499 NORTH POWERLINE ROAD,  
106  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ZENKICH, ELIAS  
Address: 4240 GALT OCEAN DR  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VP  
Name: MATATOF, JACK  
Address: 4240 GALT OCEAN DR  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: S  
Name: CHISHOLM, DAVID  
Address: 4240 GALT OCEAN DR  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: T  
Name: KRIEGER, DEBORAH  
Address: 4240 GALT OCEAN DR.  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D  
Name: SANFILIPPO, GILDA  
Address: 4240 GALT OCEAN DRIVE  
City-St-Zip: FT. LAUDERDALE, FL 33308

I hereby 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 all other like empowered.

SIGNATURE: ELIAS ZENKICH

PRES

08/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date