
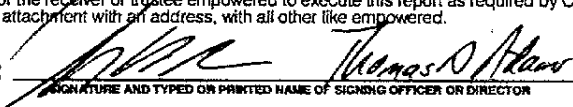


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N04635		
1. Entity Name REDINGTON AMBASSADOR RESORT CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 16900 GULF BLVD. N. REDINGTON BEACH, FL 33708		Mailing Address 16900 GULF BLVD. N. REDINGTON BEACH, FL 33708
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ADAMS, THOMAS D. 16900 GULF BLVD. N. REDINGTON BEACH, FL 33708		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIKE, DUANE 16900 GULF BLVD. N. REDINGTON BCH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RT ADAMS, THOMAS D. 16900 GULF BOULEVARD N. REDINGTON BCH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGEE, BERNARD 16900 GULF BLVD. N REDINGTON BEACH, FL 33709	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, LEWIS 168 GRANDVIEW DR. COBLESKILL, NY 12043	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-7-04 727-391-9646 Date Daytime Phone #



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2970111

Applied For
Not Applicable

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

000000003506
01/13/04-80059-025 61.25

**DO NOT WRITE
IN THIS SPACE**