

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED
Jan 10, 2005 08:00 AM
Secretary of State



01042005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2970111

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMS, THOMAS D.
16900 GULF BLVD.
N. REDINGTON BEACH, FL 33708

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	

U00000176259
01/10/05-80086-002 70.00

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IN THIS SPACE**

12. I 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 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

Date

Daytime Phone #

Thomas D Adams

1-4-05

727-391-9646