2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N04635

1. Entity Name
REDINGTON AMBASSADOR RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16900 GULF BLVD. N. REDINGTON BEACH, FL 33708	16900 GULF BLVD. N. REDINGTON BEACH, FL 33708

DO NOT WRITE IN THIS SPACE

01042006 No Chg-NP CR2E037 (11/05)

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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000401722
02/02/06-80055-018 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PIKE, DUANE
STREET ADDRESS	16900 GULF BLVD.
CITY-ST-ZIP	N. REDINGTON BCH, FL
TITLE	RT
NAME	ADAMS, THOMAS D.
STREET ADDRESS	16900 GULF BOULEVARD
CITY-ST-ZIP	N. REDINGTON BCH, FL
TITLE	D
NAME	MCGEE, BERNARD
STREET ADDRESS	16900 GULF BLVD.
CITY-ST-ZIP	N REDINGTON BEACH, FL 33709
TITLE	D
NAME	WILSON, LEWIS
STREET ADDRESS	168 GRANDVIEW DR.
CITY-ST-ZIP	COBLESKILL, NY 12043
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ Asst Sec. 1/4/06 727-397-9646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #