## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04635

FILED Jan 08, 2007 Secretary of State

Entity Name: REDINGTON AMBASSADOR RESORT CONDOMINIUM ASSOCIATION. INC

Littly Nai	HE. REDINGTON AMBAGG	ADOR RESORT	CONDOMINOMAS	SOCIATION	1, INC.		
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
16900 GUL N. REDING	LF BLVD. GTON BEACH, FL 33708						
Current Mailing Address:			New Maili	New Mailing Address:			
16900 GUL N. REDING	LF BLVD. GTON BEACH, FL 33708						
FEI Number:	59-2970111 FEI Number A	applied For()	FEI Number Not Appl	icable ( )	Certificate of Status De	esired ( )	
Name and	Address of Current Regis	tered Agent:	Name and	Address of	f New Registered Age	nt:	
16900 GUI	HOMAS D. LF BLVD. GTON BEACH, FL 33708	US	2964 KENII	CHRISTIE S. JONES, PA 2964 KENILWICK DRIVE SOUTH CLEARWATER, FL 337613316 US			
	named entity submits this stee of Florida.	atement for the pu	urpose of changing i	ts registered	d office or registered age	ent, or both,	
SIGNATUF	RE: CHRISTIE S. JONES			01/08/2007			
	Electronic Signature o	f Registered Ager	nt		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () Delete PIKE, DUANE, 16900 GULF BLVD. N. REDINGTON BCH, FL		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	RT () Delete ADAMS, THOMAS D., 16900 GULF BOULEVARD N. REDINGTON BCH, FL		Title: Name: Address: City-St-Zip:	ADAMS, THO	BOULEVARD		
Title: Name: Address: City-St-Zip:	D ( ) Delete MCGEE, BERNARD 16900 GULF BLVD. N REDINGTON BEACH, FL 3370	09	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D ( ) Delete WILSON, LEWIS 168 GRANDVIEW DR. COBLESKILL, NY 12043		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 Chapter 119, 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: THOMAS D. ADAMS AS 01/08/2007