


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 A
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



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2970111	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CHRISTIE S. JONES, PA
2964 KENILWICK DRIVE SOUTH
CLEARWATER, FL 33761-3316**

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

DATE _____

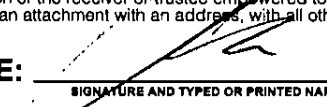
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000775350 01/08/08-80026-018 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIKE, DUANE 16900 GULF BLVD. N. REDINGTON BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS 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	

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IN THIS SPACE**

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:  **Thomas D Adams** **Asst Secy** **1/4/08** **727-391 9646**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #