

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90014 047 ****61.25

DOCUMENT # N47930

1. Entity Name
**L'AMBIANCE AT LONGBOAT KEY CLUB CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**415 L'AMBIANCE DR
LONGBOAT KEY, FL 34228 US**

Mailing Address
**415 L'AMBIANCE DR
LONGBOAT KEY, FL 34228 US**

4000001



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0330478

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, BEVERLY
415 L'AMBIANCE DR.
LONGBOAT KEY, FL 34228**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Beverly Moore

BEVERLY MOORE

1-13-06

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **ROBERT, WHITE**
STREET ADDRESS **435 L'AMBIANCE DR., K-406**
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **PASINI, GEORGE**
STREET ADDRESS **415 L AMIANCE DR., D-405**
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **LILL, ED**
STREET ADDRESS **415 LAMBIANCE DR C404**
CITY-ST-ZIP **LONGBOAT KEY, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **FLEISCHER, ROSALYN**
STREET ADDRESS **415 L AMBIANCE DR., B-602**
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE **S** ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **BLUMBERG, Bob**
CITY-ST-ZIP **435 L'AMBIANCE DR.**
Longboat Key, FL 34228

TITLE **D** ☒ Delete
NAME **RHAWN, ED**
STREET ADDRESS **415 LAMBIANCE DR, D-206**
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **RUPP, PAUL**
STREET ADDRESS **415 L'AMBIANCE DR.**
CITY-ST-ZIP **Longboat Key, FL 34228**

TITLE **D** ☐ Delete
NAME **LARRY, MERRIMAN**
STREET ADDRESS **415 L AMBIANCE DR., F-808**
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **BRUNOLD, LES**
STREET ADDRESS **435 L'AMBIANCE DR.**
CITY-ST-ZIP **Longboat Key, FL 34228**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 677, 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:

Robert M. White

1-13-06

941-383-2655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #