

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000503 (1)

1. Corporation Name

L'AMBIANCE COACH HOMES I ASSOCIATION, INC.



Principal Place of Business

Mailing Address

8585 PELICAN BAY BLVD.
NAPLES FL 33963

8585 PELICAN BAY BLVD.
NAPLES FL 33963

3. Date Incorporated or Qualified
02/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2786 W. Crown Pointe Blvd.

4. FEI Number

Applied For

Not Applicable

22 City & State

27 Suite, Apt. #, etc.
28 NAPLES FL.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

29 33962

Country

30 USA

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAC'KIE, PAMELA S
5551 RIDGEWOOD DRIVE
SUITE 201
NAPLES FL 33963

81 Name ROGER KRAMER & ASSOC.

82 Street Address (P.O. Box Number is Not Acceptable)
2786 W. Crown Pointe Blvd.

83

84 City NAPLES

FL

85 Zip Code 33963

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SHARPE, KEITH A
STREET ADDRESS 5551 RIDGEWOOD DR., SUITE 203
CITY-ST-ZIP NAPLES FL 33963

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME CORACE, RICHARD F
STREET ADDRESS 5551 RIDGEWOOD DR., SUITE 203
CITY-ST-ZIP NAPLES FL 33963

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME KEPLEY, RICHARD
STREET ADDRESS 28000 SPANISH WELLS DR.
CITY-ST-ZIP BONITA SPRINGS FL 33923

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-96

566-2800

Date

Daytime Phone #

CR2E037 (12/95)