

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000512

FILED
Mar 25, 2009
Secretary of State

Entity Name: L'AMBiance COMMONS ASSOCIATION, INC.

Current Principal Place of Business:

1337 EGRETS LANDING
#102
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:
P.O. BOX 112260
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 65-0567721 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EAGLE PROPERTY MANAGEMENT OF SW FL, INC.
1337 EGRETS LANDING #102
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CANNISTRA, PAT
Address: 700 L'AMBiance CIR. #201
City-St-Zip: NAPLES, FL 34108

Title: PD () Delete
Name: GALLON, CHARLES
Address: 600 L'AMBiance CIRCLE #206
City-St-Zip: NAPLES, FL 34108

Title: SD () Delete
Name: WILBER, DONALD
Address: 2400 L'AMBiance CIRCLE #101
City-St-Zip: NAPLES, FL 34108

Title: V () Delete
Name: DYNAN, HAL
Address: 100 L'AMBiance CIRCLE # 205
City-St-Zip: NAPLES, FL 34108

Title: T () Delete
Name: MOFFATT, GERALD
Address: 1100 L'AMBiance CIRCLE #201
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CELANO, LOUIS
Address: 100 L'AMBiance CIR. #103
City-St-Zip: NAPLES, FL 34108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BERRY, THOMAS
Address: 200 L'AMBiance CIRCLE # 101
City-St-Zip: NAPLES, FL 34108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GERALD MOFFATT

T

03/25/2009

Electronic Signature of Signing Officer or Director

Date