

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 # N95000000514 (8)

1. Corporation Name

L'AMBIANCE GARDEN 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

26

2786 W. Crown Pointe Blvd. 65-0567719

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

NAPLES FL.

23

28

Zip

Country

Zip

Country

24

25

29

30

33762

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

33762

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

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

DATE

3/25/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐

Change

☐

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☒

Change

☒

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☒

Change

☐

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐

Change

☐

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐

Change

☐

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐

Change

☐

Addition

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

Date

566-2800

Daytime Phone #

CR2E037 (12/95)