

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

8585 PELICAN BAY BLVD.
NAPLES FL 33963

Mailing Address

2786 W CROWN POINTE BLVD
NAPLES FL 34112-5463
US3. Date Incorporated or Qualified
02/01/19953a. Date of Last Report
04/02/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0567719

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

ROGER KRAMER & ASSOC
~~5551 RIDGEWOOD DRIVE~~
2786 W CROWN POINTE BLVD
NAPLES FL 33962

81 Name

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

83

84 City

FL

85 Zip Code

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	<input checked="" type="checkbox"/> DELETE
NAME	SHARPE, KEITH A	
STREET ADDRESS	5551 RIDGEWOOD DR., STE. 203	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CREMIA, LESNARS	
STREET ADDRESS	28000 SPANISH WELLS DR	
CITY-ST-ZIP	BONITA SPGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SERANSKI, RAY	
STREET ADDRESS	2900 LAMBIANCE CIRCLE 206	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Rinaloi, Tony	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	500 L'AMBIANCE CIRCLE # 105	
1.4 CITY-ST-ZIP	NAPLES FL 34106	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BOGAWICK, DAVID	
2.3 STREET ADDRESS	100 L'AMBIANCE CIRCLE # 205	
2.4 CITY-ST-ZIP	NAPLES FL 34106	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SERANSKI, RAY	
3.3 STREET ADDRESS	200 L'AMBIANCE CIRCLE # 206	
3.4 CITY-ST-ZIP	NAPLES FL 34106	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PAOLELO, LOREANNE	
4.3 STREET ADDRESS	500 L'AMBIANCE CIRCLE # 203	
4.4 CITY-ST-ZIP	NAPLES FL 34106	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PONEMAN, DR. ROBERT	
5.3 STREET ADDRESS	100 L'AMBIANCE CIRCLE # 203	
5.4 CITY-ST-ZIP	NAPLES FL 34106	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

2/17/97

3/31/97

CR2E037 (9/96)