

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002768 (8)**

1. Corporation Name

**L'AMBIANCE COACH HOMES II ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**8585 PELICAN BAY BLVD.  
NAPLES FL 33963**

**2786 W CROWN POINTE  
NAPLES FL 33962  
US**

3. Date Incorporated or Qualified

**06/13/1995**

4. FEI Number

**65-0594921**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 Suite, Apt. #, etc.**

**26 6732 LONE OAK BLVD.**

**22 City & State**

**27 City & State**

**23 Zip Country**

**28 NAPLES FL**

**24 Zip Country**

**29 34109 30 US**

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROGER KRAMER & ASSOC.  
2786 W CROWN POINTE BLVD  
NAPLES FL 33962**

**81 Name**

**KRAMER, TRACY**

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

**6732 LONE OAK BLVD.**

**83**

**84 City**

**NAPLES**

**FL**

**85 Zip Code**

**34109**

11. Pursuant to the provisions of Section 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

**T.K. LEATHERS AGENT 4/13/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D KREMER, FONTAINE**

STREET ADDRESS **14001 LIAMBIANCE CIR #201**

CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **D COLLINS, RICHARD**

STREET ADDRESS **1500 LIAMBIANCE CIR #101**

CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **D LEWIS, CHARLES**

STREET ADDRESS **1400 LIAMBIANCE CIR #202**

CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **D EDWARDS, ANORCEN**

STREET ADDRESS **1400 LIAMBIANCE CIR #101**

CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I 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:

**4/13/98 592-1571**

CR2E037 (10/97)