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NONEROFIT .CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

N95000002769 (6)

L'AMBIANCE GARDEN HOMES II 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 06/13/1995	i 3a. Date	of Last	Report
2. Principal Pla	ice of Business	_	Mailing Address	<u></u>			D		3 FEI Number 65-059	02/0		Applied For
21						nu Panie		n L	300,00-004	70.07		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.						5. Certificate of Status Desired			Additional
City & State			City & State						6 51			Required
23			R			Q.			6. Election Campaign Financing \$5.00 May Br Trust Fund Contribution Added to Fees			•
Zιρ	Country	-11	Zıp	T	Cour	ntry	(54		8. This corporation has liability for	or intangible tax		
24	25	29	33962	30		4	154		Florida Statutes	☐ Yes ☐ N		-
	9. Name and Address of Current	Regis	tered Agent						10. Name and Address of New	Registered A	gent	
						81	Name	0.	cer krunes	4-435	o e .	
MAC'KIE, PAMELA S 5551 RIDGEWOOD DRIVE					<u> </u>	82 Street		Addre:	as (P.O. Box Number is Not Accept	ab /s	n /	2
					ŀ	83	27	16	, w. Cour	PILTE		Lus.
SUITE 201 NAPLES FL 33963						63						
NAPLES	rt 33903				Ī	84	City	(A.A.	LES	CI	85 Z	o Code
11 Pursuant t	o the provisions of Sections 617.0502	and 61	7 1508 Florida Statut	tes the	abox	ve n				urnose of chan	ار ا برging its ا	registered office
or register	ed agent, or both, in the State of Florid. h, and accept the obligations of, Section	a. Suci	n change was authori.	zed by	the c	OL DO	oration's	board	of directors. I hereby accept the ap	ppointment as r	egistered	agent. I am
	Male Kon and	. 71	\	$^{s}\Delta$			-		2 4 24 24	,	2/3	81</td
SIGNATURE _	Signature, typed or printed name of registered agent a		aupicable (N	StE_Begi	istêrec i	Ageni	Lagrature re) equired w	Men reinstating)	DATE .	// 4	2/26
12.	OFFICERS AND	DIREC	CTORS		13.				ADDITIONS/CHANGES TO C	FFICERS AND	DIRECTO	DRS IN 12
THLE	D		DELETE		1.1](1	LE] Change	Addition Addition
NAME	SHARPE, KEITH A				1.2 NA	ME						
STREET ADDRESS 5551 RIDGEWOOD DRIVE, SUI			E 203			1.3 STREET ADDRESS						
CITY-ST-ZIP	NAPLES FL 33963	Thoracti			1.4 C/TY+ST+Z/P			_			10	
TITLE	D Corace, Richard F		DECEIF		2.1 TIT			0			C hange	Addition Addition
NAME	5551 RIDGEWOOD DRIVE, SU	ITE O				2.2 NAME 2.3 STREET ADDRESS		64	FORE SMANISH	T - 2 - 2 - 2 - 2 - 4 - 4 - 4 - 4 - 4 - 4	0	0141
STREET ADDRESS	NAPLES FL 33963	111. 2	00					24	ONITA SPRI	Well-	. 3	2927
CITY-ST-ZIP TITLE	D		DELETE		2 4 CI 31 TI		21-716	0	ONITA SPRI	<u>~@1 /~</u>	Change	Addition
NAME	KEPLEY, RICHARD		a c		3 2 NA				OCKR BROWN	<u> </u>	Jonango	4
STREET ADDRESS	28000 SPANISH WELLS DRIVE	:					ADDRESS	رفير	e l'and, avet	Cec. A	- 200	
CITY-ST-ZIP	BONITA SPRINGS FL 33923				3.4. Qf			100	areks Re	33763		
TITLE			DELETE		4 1 TIT] Change	Addition
NAME					4 2 NA	AME						
STREET ADDRESS					4 3 STI	REET	ADDRESS					
CITY-ST-ZIP				1	4.4 CIT	TY-S	T-ZIP		- TETTERFETTER IN 1971 - TENTRETTERFETTE TRATES I AND MARKED II. I AND MARKED MARKED AND THE SECOND STATES AND			
TITLE			DELETE		5 1 TIT] Change	Addition
NAME					5 2 NA							
STREET ADDRESS							ADDRESS					
CITY - ST - ZIP			DELETE		5 4 CIT		T - ZIP	_		· · · · · · ·	1 Chance	☐ Addition
TITLE			Theren		61 TH					L.,] Change	☐ Add-tion
NAME STREET ADDRESS					62 NA		ADDRESS					
CITY-ST-ZIP					6 4 CII							
14. I do hereb	y certify that the information supplied w				and o	does	s not qua					
certify that oath; that appears in	the information indicated on this annu- I am an officer or director of the co-por I Block 12 or Block 13 in thanged to o	al repo Hopo n an al	rt or supplemental an in the receiver or trusti tachment with an add	nual rej ee emp tress	port is oower	s tru ed t	e and ac to execut	curate e this i	and that my signature shall have t report as required by Chapter 617,	ne same legal e Florida Statute:	ffect as i s; and th	f made under at my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

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