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Feb 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000002769 (6)

1. Corporation Name

L'AMBIANCE GARDEN HOMES II ASSOCIATION, INC.

Principal Place of Business

8585 PELICAN BAY BLVD.
NAPLES FL 33963

Mailing Address

2786 W. CROWN POINTE
NAPLES FL 34112-5463
US



3. Date Incorporated or Qualified

08/13/1995

3a. Date of Last Report

04/02/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0599269

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

ROGER KRAMER & ASSOCIATES
2786 W CROWN POINTE BLVD
NAPLES FL 33962

10. Name and Address of New Registered Agent

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHARPE, KEITH A	
STREET ADDRESS	5551 RIDGEWOOD DRIVE, SUITE 203	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CREMIA, LEONARD	
STREET ADDRESS	28000 SPANISH WELLS DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, ROGER	
STREET ADDRESS	800 L'AMBIANCE 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CHARLES GALLON
1.3 STREET ADDRESS	600 L'AMBIANCE CIRCLE #206
1.4 CITY-ST-ZIP	NAPLES FL 34108
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VERAL MEYERS
2.3 STREET ADDRESS	600 L'AMBIANCE CIRCLE #204
2.4 CITY-ST-ZIP	NAPLES FL 34108
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WALTER NELSON
3.3 STREET ADDRESS	800 L'AMBIANCE CIRCLE #102
3.4 CITY-ST-ZIP	NAPLES FL 34108
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DAVE MOORE
4.3 STREET ADDRESS	600 L'AMBIANCE CIRCLE #205
4.4 CITY-ST-ZIP	NAPLES FL 34108
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HARVEY BROOK
5.3 STREET ADDRESS	1000 L'AMBIANCE CIRCLE #102
5.4 CITY-ST-ZIP	NAPLES FL 34108
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

1/6/97 793-7771

CR2E037 (9/96)