


FILE NOW: FILING FEE IS \$61.25

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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002769 (6)

1. Corporation Name

L'AMBIANCE GARDEN 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

65-0599269

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

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

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

10. Name and Address of New Registered Agent

81 Name **KRAMER - TRIAS LLC.**
82 Street Address (P.O. Box Number is Not Acceptable)
6732 LONG OAK BLVD.
83
84 City **NAPLES** **FL** **85** Zip Code **34109**

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 ☐ DELETE
NAME **D GALLAN, CHARLES**
STREET ADDRESS **600 LIAMBUCK CIR #208**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE
NAME **D MEYERS, VERYL**
STREET ADDRESS **600 LIAMBIANCE CIR #204**
CITY-ST-ZIP **NAPLES FL**

TITLE ☒ DELETE
NAME **D NELSON, WALTER**
STREET ADDRESS **600 LIAMBIANCE CIR #102**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE
NAME **D MOORE, DAVE**
STREET ADDRESS **600 LIAMBIANCE CIR #205**
CITY-ST-ZIP **NAPLES FL**

TITLE ☒ DELETE
NAME **D BROOK, HARVEY**
STREET ADDRESS **1000 LIAMBIANCE CIR #102**
CITY-ST-ZIP **NAPLES FL**

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 **D. GALLAN, CHARLES**
1.3 STREET ADDRESS **LIAMBIANCE CIRCLE**
1.4 CITY-ST-ZIP **NAPLES FL 34108**

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 **D HAUGHNEY, ROBERT**
3.3 STREET ADDRESS **700 LIAMBIANCE CIRC**
3.4 CITY-ST-ZIP **NAPLES FL 34108**

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 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]

4/13/98 592-1577

CR2E037 (10/97)