2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000004002

1. Entity Name
AMBIENCE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O STEVEN R LIGHT 8930 SW 101 ST MIAMI, FL 33176 US	C/O STEVEN R LIGHT 8930 SW 101 ST MIAMI, FL 33176 US

DO NOT WRITE IN THIS SPACE

01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0606230
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LIGHT, STEVEN R
8930 SW 101 ST
MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ 1/8/04
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HERNANDEZ, JORGE
STREET ADDRESS	10000 SW 89TH CT
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	STD
NAME	LIGHT, STEVEN R
STREET ADDRESS	8930 SW 101 ST
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	ZAYDEN, ROSE M
STREET ADDRESS	8900 SW 101 ST
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	COHEN, ROBIN
STREET ADDRESS	10063 SW 89TH CT
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	SALADRIGAS, CARLOS
STREET ADDRESS	10003 SW 89 COURT
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	HELLENCAMP, JOHANN
STREET ADDRESS	10060 SW 89TH CT
CITY-ST-ZIP	MIAMI, FL 33176

U00000178901
01/12/05-80047-010 70.00

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/8/05 305-470-0041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #