

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 C/O STEVEN R LIGHT 8930 SW 101 ST MIAMI, FL 33176 US	Mailing Address C/O STEVEN R LIGHT 8930 SW 101 ST MIAMI, FL 33176 US
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01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

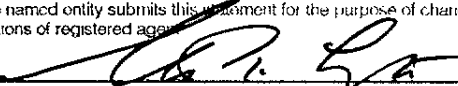
4. FEI Number 65-0606230	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LIGHT, STEVEN R 8930 SW 101 ST 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**

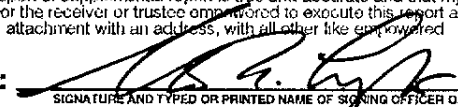
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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

U00000178901
01/12/05-80047-010 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 517, 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 employed.

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