

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 27 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762429 (9)
1. Corporation Name
AMBERWOOD LAKE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
16171 AMBERWOOD CT **16171 AMBERWOOD CT**
APT 1 **APT 1**
FT MYERS FL 33908 **FT MYERS FL 33908**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/15/1982** 3a. Date of Last Report **02/11/1994**
4. FEI Number **06-1198364** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DARWIN & BARB MCKEE
16171 AMBERWOOD CT
APT 1
FT MYERS FL 33908

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee 4 applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	AFFRONT, CHRIS	178 SOMERWORTH AVE.	ROCHESTER NY
D	LAPORT, BARRY	9287 RIDGE RD.	MIDDLEPORT NY
SD	HEIDEMAN, PATRICIA	10 KELLY AVE.	MIDDLEPORT NY
D	GELDER, ROBERT	10760 TELEGRAPH RD.	MEDINA NY
VD	MCDONALD, PATRICIA	PECT ST.	MIDDLEPORT NY
D	CONTE, ANDREA	1195-A YOUNGS RD.	WILLIAMSVILLE NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	MARION PAPPAS	28 CALIFORNIA DRIVE	ROCHESTER, NY 14616

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 this 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/95 716-735-3232
Date Telephone #