

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



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

3. Date Incorporated or Qualified **03/15/1982** 3a. Date of Last Report **02/27/1995**
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**
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
25 Country 30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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

OFFICERS AND DIRECTORS

☐ DELETE

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

TITLE **PD**
NAME **LAPORT, BARRY**
STREET ADDRESS **9267 RIDGE RD.**
CITY-ST-ZIP **MIDDLEPORT NY**

TITLE **SD**
NAME **HEIDEMAN, PATRICIA**
STREET ADDRESS **10 KELLY AVE.**
CITY-ST-ZIP **MIDDLEPORT NY**

TITLE **D**
NAME **GELDER, ROBERT**
STREET ADDRESS **10780 TELEGRAPH RD.**
CITY-ST-ZIP **MEDINA NY**

TITLE **VD**
NAME **MCDONALD, PATRICIA**
STREET ADDRESS **PECT ST.**
CITY-ST-ZIP **MIDDLEPORT NY**

TITLE **D**
NAME **CONTE, ANDREA**
STREET ADDRESS **1195-A YOUNGS RD.**
CITY-ST-ZIP **WILLIAMSVILLE NY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 119.07(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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)