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Mar 08, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762429

1. Corporation Name

AMBERWOOD LAKE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

16171 AMBERWOOD CT
 APT 1
 FT MYERS FL 33908

Mailing Address

12650 WHITEHALL DR
 APT 1
 FT MYERS FL 33907
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/15/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		06-1198364	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

BENSON, MARK
12650 WHITEHALL DR
APT 1
FT MYERS FL 33907

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, CAROL	1.2 NAME	Lunn, Robert
STREET ADDRESS	16021 AMBERWOOD LAKE CT N-2	1.3 STREET ADDRESS	16031 Amberwood Lake Ct P-2
CITY-ST-ZIP	FT MYERS FL 33908	1.4 CITY-ST-ZIP	Fort Myers, FL 33908
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAMBUZZA, MARIO	2.2 NAME	Wesa, Suzanne
STREET ADDRESS	16061 AMBERWOOD LAKE CT #B1	2.3 STREET ADDRESS	16151 Amberwood Lake Ct H-2
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	Fort Myers, FL 33908
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	POELKER, JOHN	3.2 NAME	
STREET ADDRESS	16081 AMBERWOOD LAKE CT #D2	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	GELDER, ROBERT	4.2 NAME	
STREET ADDRESS	10780 TELEGRAPH RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEDINA NY	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	HURLEY, CHARLES	5.2 NAME	
STREET ADDRESS	16151 AMBERWOOD LAKE COURT #H4	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	CONTE, ANDREA	6.2 NAME	
STREET ADDRESS	1195-A YOUNGS RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WILLIAMSVILLE NY	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, with all other like empowered.

SIGNATURE: Wesley J. Wesa
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-99 944 454 5750
 Date Daytime Phone #

CR2E037 (11/98)