

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762429

1. Entity Name

AMBERWOOD LAKE CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90080 006 ****61.25

Principal Place of Business	Mailing Address
16171 AMBERWOOD CT APT 1 FT MYERS FL 33908	12650 WHITHALL DR APT 1 FT MYERS FL 33907-3619 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
06-1198364	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENSON, MARK 12650 WHITEHALL DR APT 1 FT MYERS FL 33907	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP D LUNN, ROBERT 16031 AMBERWOOD LAKE CT P-2 FT MYERS FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD GAMBUZZA, MARIO 16061 AMBERWOOD LAKE CT #B1 FT MYERS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD POELKER, JOHN 16081 AMBERWOOD LAKE CT #D2 FT MYERS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD GELDER, ROBERT 10780 TELEGRAPH RD. MEDINA NY	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD HURLEY, CHARLES 16151 AMBERWOOD LAKE COURT #H4 FT MYERS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D CONTE, ANDREA 1195-A YOUNGS RD. WILLIAMSVILLE NY	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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	SIGNATURE REQUIRED	1-25-00	941 454 5750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E037 (9/99)