

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90054 011 \*\*\*\*61.25

**DOCUMENT # 762429**

1. Entity Name

**AMBERWOOD LAKE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

16171 AMBERWOOD CT  
APT 1  
FT MYERS FL 33908

Mailing Address

12650 WHITHALL DR  
APT 1  
FT MYERS FL 33907  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

06-1198364

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

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 **D** ☐ Delete  
NAME **LUNN, ROBERT**  
STREET ADDRESS **16031 AMBERWOOD LAKE CT P-2**  
CITY-ST-ZIP **FT MYERS FL 33908**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **PD** ☐ Delete  
NAME **GAMBUZZA, MARIO**  
STREET ADDRESS **16061 AMBERWOOD LAKE CT #B1**  
CITY-ST-ZIP **FT MYERS FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **SD** ☐ Delete  
NAME **POELKER, JOHN**  
STREET ADDRESS **16081 AMBERWOOD LAKE CT #D2**  
CITY-ST-ZIP **FT MYERS FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **TD** ☐ Delete  
NAME **GELDER, ROBERT**  
STREET ADDRESS **10780 TELEGRAPH RD.**  
CITY-ST-ZIP **MEDINA NY**TITLE **D** ☐ Change ☒ Addition  
NAME **Suzanne Wesa**  
STREET ADDRESS **16151 Amberwood Lake Ct #H-2**  
CITY-ST-ZIP **Fort Myers, FL 33908**TITLE **D** ☐ Delete  
NAME **CONTE, ANDREA**  
STREET ADDRESS **1195-A YOUNGS RD.**  
CITY-ST-ZIP **WILLIAMSVILLE NY**TITLE **VD** ☐ Change ☒ Addition  
NAME **Conte, Andrea**  
STREET ADDRESS **1195-A Youngs Rd**  
CITY-ST-ZIP **Williamsville, NY 14221**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Change ☒ Addition  
NAME **O'Hara, John, Sr**  
STREET ADDRESS **16051 Amberwood Lake Ct O-3**  
CITY-ST-ZIP **Fort Myers, FL 33908**

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: *Mark Benson* SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-01

941 4845250

CR2E037 (10/00)