

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762429

FILED
Mar 23, 2006
Secretary of State

Entity Name: AMBERWOOD LAKE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

16171 AMBERWOOD CT
APT 1
FT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

12650 WHITHALL DR
FT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 06-1198364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENSON, MARK
12650 WHITEHALL DR
FT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCLINTIC, ROBERT
Address: 16001 AMBERWOOD LAKE CT #B-4
City-St-Zip: FT MYERS, FL 33908

Title: PD () Delete
Name: GAMBUZZA, MARIO
Address: 16061 AMBERWOOD LAKE CT #B1
City-St-Zip: FT MYERS, FL

Title: SD () Delete
Name: POELKER, JOHN
Address: 16081 AMBERWOOD LAKE CT #D2
City-St-Zip: FT MYERS, FL

Title: D () Delete
Name: LINNELL, WILLIAM
Address: 16131 AMBERWOOD LAKE CT #F1
City-St-Zip: FORT MYERS, FL 33908

Title: VD () Delete
Name: CONTE, ANDREA,
Address: 1195-A YOUNGS RD.
City-St-Zip: WILLIAMSVILLE, NY 14221

Title: D () Delete
Name: WESA, SUZANNE
Address: 16151 AMBERWOOD LAKE CT #H-2
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO GAMBUZZA

PRES

03/23/2006

Electronic Signature of Signing Officer or Director

Date